Medical Economics

PUBLISHED EVERY OTHER MONDAY • ISSUE OF AUGUST 17, 1959

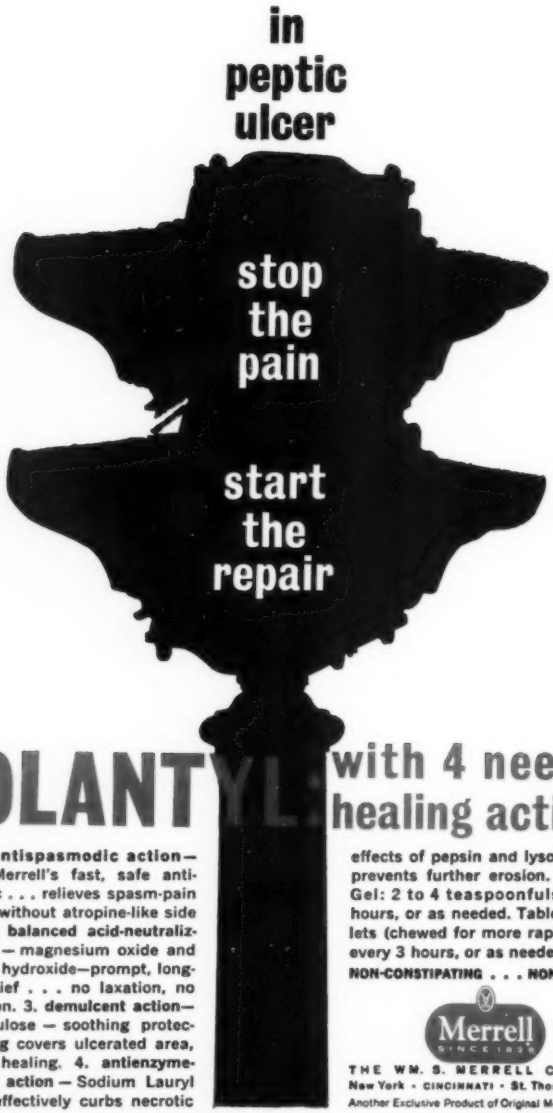
THOSE NEW COMPACT CARS

will they be what you want?

Also in this issue...

How to Get In on the Real Estate Boom

Family Practice in the Shadow of the Mayo Clinic



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1. vital antispasmodic action— BENTYL — Merrell's fast, safe antispasmodic . . . relieves spasm-pain promptly, without atropine-like side effects. **2. balanced acid-neutralizing action** — magnesium oxide and aluminum hydroxide—prompt, long-lasting relief . . . no laxation, no constipation. **3. demulcent action—** Methylcellulose — soothing protective coating covers ulcerated area, promotes healing. **4. antienzyme-antipepsin action** — Sodium Lauryl Sulfate — effectively curbs necrotic effects of pepsin and lysozyme . . . prevents further erosion. **Dosage—** Gel: 2 to 4 teaspoonfuls every 3 hours, or as needed. Tablets: 2 tablets (chewed for more rapid action) every 3 hours, or as needed.

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Medical Economics

NEWS BRIEFS

NEW ARGUMENT FOR THE FORAND BILL is being heard from Sen. Hubert Humphrey. "Don't load the aged and chronically ill onto the voluntary system," he says. "People will balk at the cost. Then they will turn to Government for the whole health job."

IT TAKES 20 MONTHS for Revenue men to get around to your tax return. After that, tax counsel warn, don't claim a refund. It reopens a "closed" case.

NO MORE INSURANCE PAPER WORK for doctors who sign up with a new service in California. Once a week, it sends a girl to their offices. She goes through pertinent records, dictates necessary information, transcribes it at the central office. The filled-out forms reach the doctors ready for signature.

WAGES-AND-HOURS CONTRACT is being offered St. Louis M.D.s by Local 88, Amalgamated Meat Cutters. Terms: $20,000 a year for a 40-hour week; vacations, sick leave, and study time as specified by the union.

NEWS BRIEFS

"YOU MAY HAVE TO SUE to collect delinquent accounts these days," says a leading medical collector. "The people who sell things have loaded some buyers up with so many installment obligations that they just won't pay the doctor without a court judgment."

"A CARBON COPY OF H.I.P." is going after the big labor health market in Southern California. The so-called National Health Plan—patterned after New York's Health Insurance Plan—is being organized by former Blue Shield-Blue Cross executives. Their chief backer: a millionaire mining magnate.

SPECIALISTS' FIGHT to free themselves from salaried status in hospitals "is really a fight for money," says James Brindle of the United Auto Workers. "A pathologist or radiologist in a major hospital, with an effective monopoly, can clear $100,000 a year." And the U.A.W.'s Leonard Woodcock scoffs at "slogans about the free choice of radiologist and the sacred pathologist-cadaver relationship."

FASTEST-RISING FEES over a ten-year period have been charges for gastrectomies, up 36% to an average of $343. That's the report from ten big insurance companies after an elaborate study of their most frequent claims. Slowest-rising fees have been for prostatectomies (up 9% to $245), appendectomies (up 12% to $147), and D.&C.s (up 12% to $57).

M.D. MASQUERADERS are bothering big-city hospitals. In New York, a white-jacketed "doctor" was found to be an attorney; in Memphis, a narcotics thief.

$75,000 VERDICT AFFIRMED: A resident, a nurse, and a senior medical student were involved in a mix-up at Philadelphia's Episcopal Hospital. Result: A patient got post-op injections of penicillin in spite of a previous history of penicillin allergy. The person held liable? The surgeon in charge—even though he wasn't present. He was "required by law to supervise," says Pennsylvania's Supreme Court in upholding the lower court's verdict against him.

M.D.s AND D.O.s WILL TAKE the same licensing exams in Missouri from now on. A new composite board (5 M.D.s, 2 D.O.s) will supervise. Missouri is the 17th state to set up a composite board.

ANOTHER MEDICAL GROUP has won the right to be taxed like a corporation—and thus to give M.D.-members tax-free retirement and insurance benefits. To test its tax status, the Southwest Clinic Association in Dallas let part of its profits accumulate one year. Forced to pay taxes on his share, Senior Partner Sidney Galt sued for a refund. Now the U.S. District Court says: "The position of the plaintiff is sound." It's being hailed as "another Kintner case," another green light for tax-free group pensions.

NEWS BRIEFS

ARE HEALTH PLANS VULNERABLE to another recession? Not seriously so, a new Blue Cross study indicates. With more than 55,000,000 members, Blue Cross lost only 272,933 during nine recession months of 1958. The last three months, 781,353 joined or rejoined.

COMPULSORY HOSPITAL STAFF MEETINGS have killed off the county medical society as a scientific forum, says Dr. Irvin W. Wilkens of Indianapolis. As president of his local society, he's seen as few as 50 out of 1,200 members attend meetings. His Rx: Hold only four meetings a year; make them "all social."

"ISN'T IT PECULIAR that British Government leaders don't use their own National Health Service?" asks Dr. R. B. Robins, A.M.A. trustee just back from Britain. "Even Aneurin Bevan, former head of the N.H.S., had his operation done by a private physician in a private institution. Herbert Morrison and Clement Attlee did likewise. Many labor leaders also will not use their own system."

NEW REASON FOR FEE INCREASES? Rising living costs aren't the only factor to take into account, says Attorney Howard Hassard of the California Medical Association: "Doctors also should share in the increased national productivity—just like the auto workers do." He thinks doctors' increased productivity can be measured by the declining death rate.

†surveyor, to non-engineers

he won't be mired for long once he's on

PARAFON*

PARAFLEX® + TYLENOL®

for muscle relaxation *plus* analgesia

prescribe PARAFON in low back pain
—sprains—strains—rheumatic pains

Each PARAFON tablet contains:
PARAFLEX® Chlorzoxazone†, . . 125 mg.
Specific for skeletal muscle spasm
TYLENOL® Acetaminophen . . 300 mg.
The analgesic preferred in musculoskeletal pain

Supplied: Tablets, scored, pink, bottles of 50.

Dosage: Two tablets three or four times a day.

and in arthritis

PARAFON* with Prednisolone

Each PARAFON WITH PREDNISOLONE tablet contains: PARAFLEX® Chlorzoxazone† 125 mg., TYLENOL® Acetaminophen 300 mg., and prednisolone 1.0 mg.

Supplied: Tablets, scored, buff colored, bottles of 50.

Dosage: One to two tablets three or four times a day.

Precautions: The precautions and contraindications that apply to all steroids should be kept in mind when prescribing PARAFON WITH PREDNISOLONE.

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*Trade mark †U. S. Patent Pending

New Davol formula provides increased efficiency and longer life of C/R operating room accessories:

- Assures uniform, consistent conductivity even after extended use and handling.
- Greater tensile strength plus increased flexibility.
- Can be sterilized repeatedly without loss of conductivity or flexibility.

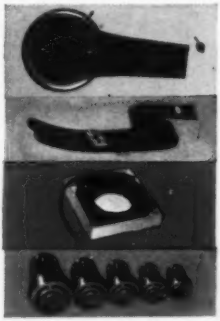
Davol C/R products for use in the operating room:

1. Operating Cushion—Kelly style, reversible, 20" by 44".

2. Restraint Strap—67" long, 2¼" wide. Practically indestructible.

3. Tubing—All standard sizes. 50 continuous feet to box.

4. Chair and table tips—Inside diameter: ⅝" to 1⅛". Special non-skid design.



Anesthesia equipment: contour face inhalers, head straps, rebreathing bags, corrugated inhaler tubes, adapters and inserts also available in conductive rubber. For detailed description of all items, see your hospital supply dealer

Manufacturers of Highest Quality Surgical and Hospital Rubber Goods for over 80 years.

DAVOL RUBBER COMPANY
PROVIDENCE 2, RHODE ISLAND

Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, AUGUST 17, 1959

contents

More▶

 Published fortnightly at Oradell, N. J. Vol. 36, No. 17. Price 60 cents a copy, $12.50 a year (Canada and foreign, $15). Circulation, 154,000 physicians. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N.J. For change of address, use the form on page 156.

QUESTION:

Why is Bellergal an unusually effective adjunct in functional gynecologic disorders?

ANSWERS:

Quoted from published reports of leading clinicians.

"A more uniform and prolonged relief of tension [and other major complaints of functional gynecologic disorders] may now be obtained by use of Bellergal Spacetabs." *(Stewart, R. H.: West. J. Surg. 64:650, Dec. 1956.)*

"... of 125 women who presented climacteric symptoms...73 responded [to a 2 to 4 week course of Bellergal therapy] so well that the dose was reduced... or the drug was completely discontinued. Some now only take a few tablets to help them through critical situations...." *(Kavinoky, N. R.: J. Am. M. Women's A. 7:294, Aug. 1952.)*

"... the combination of drugs present in Bellergal served admirably [in premenstrual tension and disturbances of the menopause] in the reduction of symptoms, both as to degree and number. The improved sense of well-being offers satisfactory evidence that such patients may derive considerable benefit from this simple method of treatment." *(Craig, P. E.: M. Times 81:485, July 1953.)*

"... of 303 gynecologic patients [premenstrual tension, dysmenorrhea, menstrual irregularity, postmenstrual tension]... a total of 90 per cent of the cases were benefited by the use of this drug." *(MacFadyen, B. V.: Am. Pract. & Digest. Treat. 2:1028, Dec. 1951.)*

contents

More▶

Prompt—Long-lasting—Economical

QUADRINAL

- bronchodilator and expectorant

QUADRINAL

- bronchial asthma

QUADRINAL

- pulmonary emphysema

QUADRINAL

- other chronic respiratory disease with bronchospasm and wheezing

FORMULA:

Ephedrine HCl	3/8 grs. (24 mg.)
Phenobarbital	3/8 grs. (24 mg.)
"Phyllicin" (theophylline-calcium salicylate)	2 grs. (120 mg.)
Potassium Iodide	5 grs. (0.3 Gm.)

DOSAGE: The usual dose of **QUADRINAL** is 1 tablet every three or four hours during the day and, if needed, another tablet upon retiring for relief during the night.

For children, ½ tablet three times a day.

QUADRINAL is available on prescription only.

QUADRINAL tablets (7-½ grs. each) bottles of 100, 500, and 1000.

Quadrinal, Phyllicin®, E. Bilhuber, Inc.

KNOLL PHARMACEUTICAL COMPANY
(formerly Bilhuber-Knoll Corp.)
Orange, New Jersey

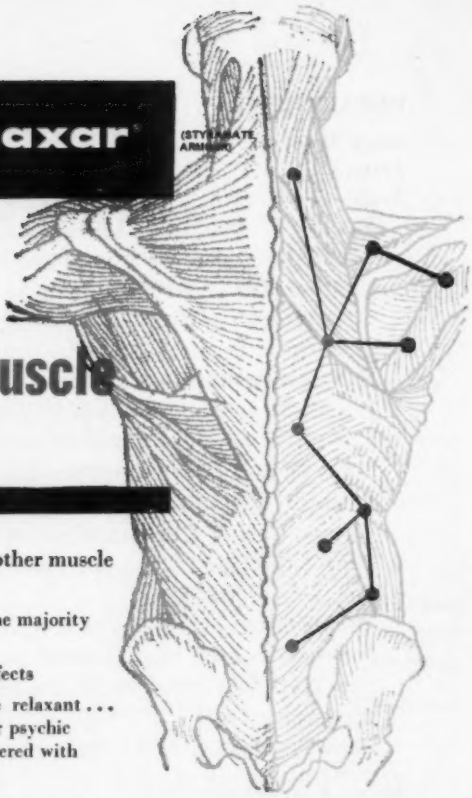
contents

DEPARTMENTS

SHORT FEATURES

rely on

Sinaxar® (STYRAMATE ARMOUR)



a specific skeletal muscle relaxant

Chemically unlike any other muscle relaxant, Sinaxar is

- consistently effective in the majority of cases
- long acting: no fleeting effects
- purely a skeletal muscle relaxant . . . free of adverse physical or psychic effects frequently encountered with tranquilizers

DOSAGE: *Two tablets three or four times daily.*

SUPPLIED: *200 mg. tablets in bottles of 50.*

INDICATIONS: Any condition involving skeletal muscle spasm, as ***musculoskeletal disorders:*** acute and chronic back ache; arthritides; bursitis; disc syndrome; fibrositis; myalgia; myositis; osteoarthritis; following orthopedic procedures; rheumatoid arthritis; spondylitis; sprains and strains; torticollis; ***neurologic disorders:*** cerebral palsy; cerebrovascular accidents; cervical root syndrome; multiple sclerosis.

ARMOUR

ARMOUR PHARMACEUTICAL COMPANY • KANKAKEE, ILLINOIS

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Medical Economics

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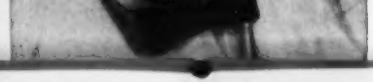

common denominator: a. p. People worlds apart—plumber, pediatrician, clubwoman, counterman—have one thing in common: angina pectoris. On "basic therapy" of Peritrate 20 mg. q.i.d. all remain normally active with fewer, less severe attacks, increased exercise tolerance, and reduced nitroglycerin dependence.

At times, however, personality problems, underlying apprehensions, emergency situations, or unpredictable schedules call for "basic therapy" plus individualized treatment. Broad coverage protection for each patient is afforded by Peritrate formulations in terms of Adaptable Prophylaxis:

Peritrate 20 mg., q.i.d. . . . . "basic therapy"
Peritrate with Phenobarbital, q.i.d. . . . . for the apprehensive patient
Peritrate with Aminophylline, q.i.d. . . . . for congestive failure
Peritrate Sustained Action, b.i.d. . . . . for convenient 24-hour protection
Peritrate with Nitroglycerin, p.r.n. . . . . to relieve the acute attack

to increase coronary circulation in angina pectoris & postcoronary convalescence:

After a coronary, aiding the development of collateral circulation serves to reduce effects of myocardial damage and prevent ensuing anginal episodes. Peritrate, a selective long-acting vasodilator, may prove to be the drug of choice because it increases coronary flow without a significant fall in blood pressure.

A clinical supply of Peritrate 20 mg. is available from Dept. M. E.: Warner-Chilcott, Morris Plains, N. J.

Peritrate®

brand of pentaerythritol tetranitrate

WARNER CHILCOTT
MORRIS PLAINS, N.J.

POLARAMINE 2 mg. TABLETS

In hospital or home, POLARAMINE protects the convalescent patient against seasonal and nonseasonal allergens, and helps insure uneventful recovery. POLARAMINE—*the closest to a perfect antihistamine*—offers greater therapeutic effectiveness and greater safety than other antihistamines . . . at lower dosages . . . with few, if any, adverse reactions. Dosage: Tablets, 2 mg.—one tablet t.i.d. or q.i.d., supplied in bottles of 100 and 1000. Also available, Polaramine Repetabs,® 4 mg. and 6 mg., bottles of 100 and 1000. Polaramine Syrup, 2 mg./5 cc., bottles of 16 oz.

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Schering

U.S. TABS 1. POLARAMINE ® Reg. U.S. Pat. Off. ® Reg. U.S. Pat. Off.

Letters

One Strike and Out?

SIRS: How can the editor of Printers' Ink have the gall to suggest that medical societies should "purge their ranks of doctors who have been guilty of malpractice"!

Is the doctor who's once been found guilty of below-average judgment to be expelled from his professional society on the basis of that one slip?

No doctor claims omniscience. But sometimes I wonder about editors, writers, and others who are so eager to judge their fellow men.

Leo Nadvorney, M.D.
New York, N.Y.

Credit Cards for Patients

SIRS: As an ophthalmologist I read with distaste about the efforts of the Charge Account Bankers Association to introduce the credit card system to the "ophthalmic professions."

The term "ophthalmic professions" is used by commercial enterprises that cater primarily to the nonmedical groups concerned with eye care. For these groups a commercial come-on like a credit card system might be welcome as a stimulant to trade.

But ophthalmologists, like other physicians, are engaged in a profession, not a trade. I doubt very much that any professional man would stoop to commercial gimmicks like credit cards in dealing with his patients.

Max Hirschfelder, M.D.
Centralia, Ill.

Lay Assistance: a Bargain?

SIRS: In your article "Saved: Ten Hours a Week of Listening Time," Internist Louis S. Baer tells how he's hired "a pleasant, well-educated matron" to interview patients whose symptoms seem to be of emotional origin. This, he says, saves him wear and tear, and it saves the patients money.

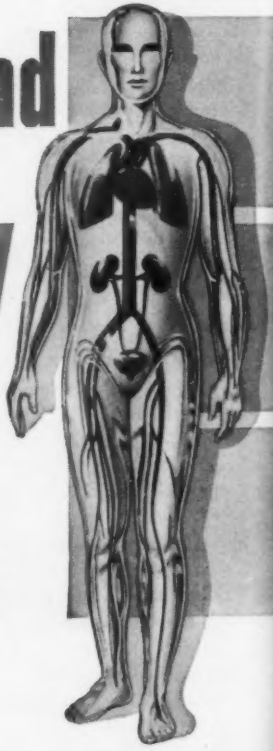
I wonder what Dr. Baer would think of a psychiatrist who sent patients for physical examinations to an intelligent layman he'd coached for a few hours, and then suggested remedies based on the layman's report. I trust Dr. Baer would remain unimpressed if the psychiatrist were to argue that many patients were grateful for the service, that after reading an internist's diagnostic fee schedule they were easily persuaded to submit to the lay-

NEW

HYDRO DIURIL T.M.

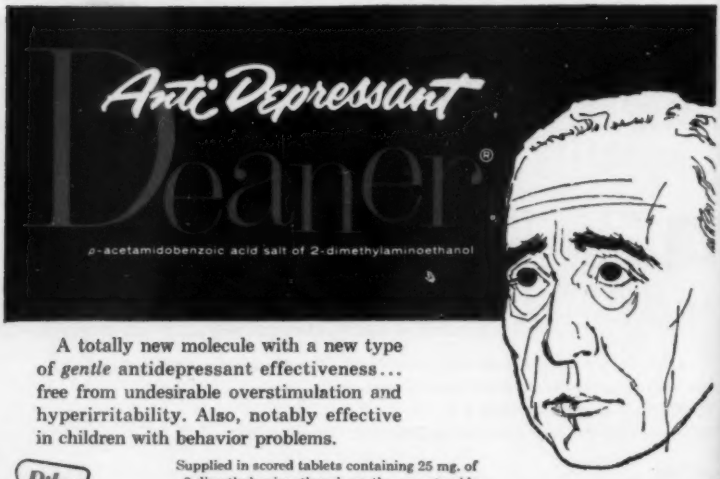
(HYDROCHLOROTHIAZIDE)

simplifies* and improves any regimen for hypertension



In Mild Depression

- with chronic fatigue
- with neurasthenia
- with difficulty in concentrating



A totally new molecule with a new type of *gentle* antidepressant effectiveness... free from undesirable overstimulation and hyperirritability. Also, notably effective in children with behavior problems.

Riker
Northridge, California

Supplied in scored tablets containing 25 mg. of 2-dimethylaminoethanol as the *p*-acetamidobenzoic acid salt. In bottles of 100 and 500.

Letters

man's inexpensive examination.

There are no short cuts in psychiatry. Dr. Baer's procedure deprives him of the most valuable portions of the interview with the patient: the emotional reactions, inconsistencies, mannerisms, etc. which enable the physician to infer what the patient cannot make explicit.

Alexander Schusdek, M.D.
New York, N.Y.

SIRS: . . . I'm surprised that patients don't balk at paying $15 for an hour's interview with a layman. The average hourly fee for a full-fledged psychiatrist is only $15 . . .

Dr. Baer's way of deciding who needs psychiatric care on the strength of the interviewer's questionnaire seems dreadfully casual. And imagine asking some people you know the "Are you in love with your spouse?" question! This way seems pretty crude.

M.D., Indiana

SIRS: . . . Doesn't Dr. Baer know there's such a thing as a social worker?

Mauricio Knobel, M.D.
Kansas City, Mo.

Office Wives

SIRS: As a doctor's wife, I'm always irritated by those warnings to physicians not to let their wives work in the office. An intelligent wife can be a great asset there. And she'll be a better wife for it.

Recently my husband had an extremely difficult case. He agonized over each decision, put in many hours of extra work, rushed to the hospital on emergency calls at all hours. I had to manage alone at a party we'd planned for weeks. Our children had two dull, fatherless week-ends. But did all this get me down? Only a little—because I work in my husband's office.

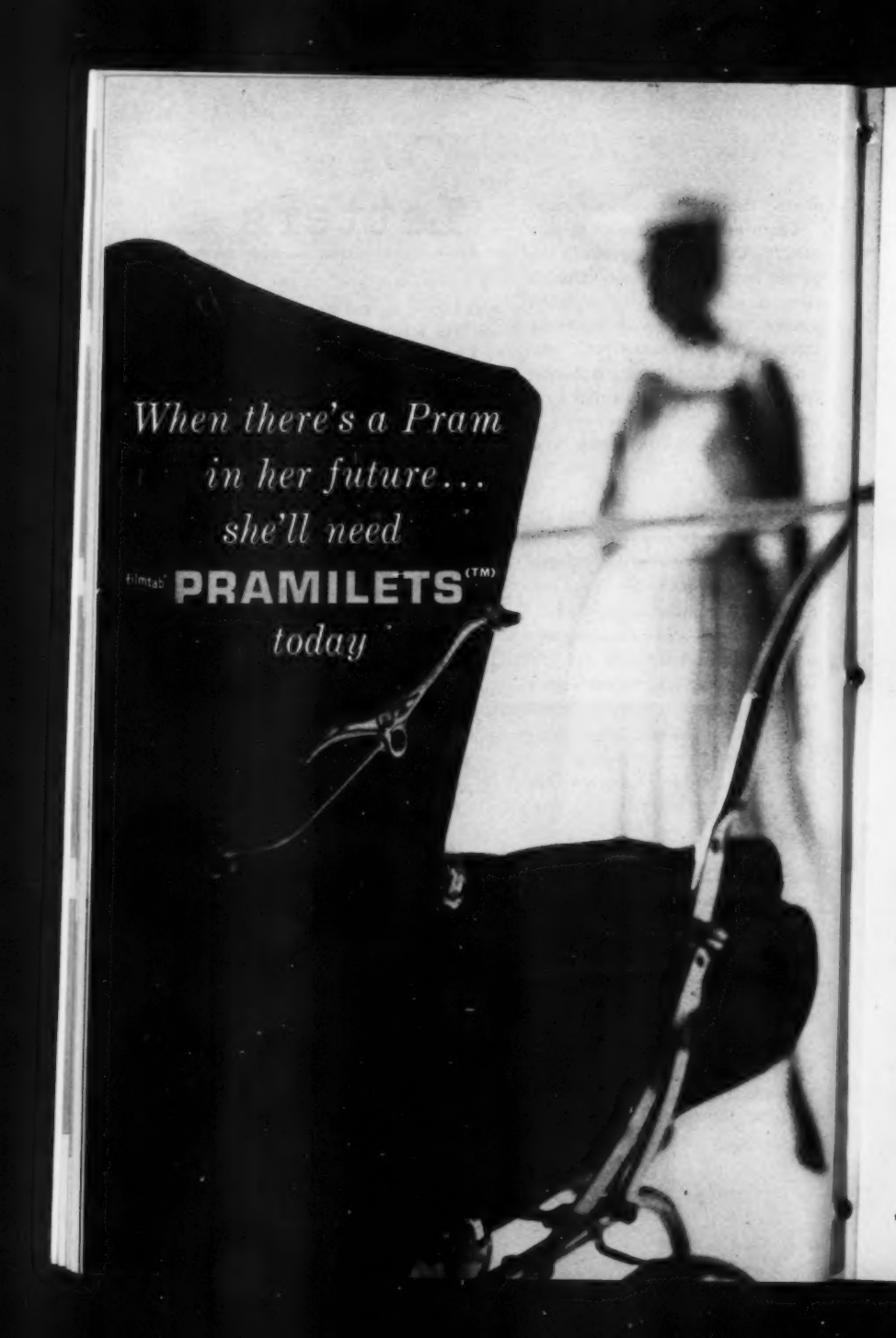
Any wife who does as I do finds that a first-hand knowledge of her husband's work has given her a great antidote for the lonesome blues. And she'll also realize, if she hasn't already, that his first duty is to heal and help his patients, not to earn a large income.

Mildred Mirrer
Douglaston, N. Y.

Internists' Fees

SIRS: In your recent survey of office visit fees, you report that one-fifth of the internists charge at least $20 for an initial visit. "In no other field," you note, "are comparable rates reported in such quantity."

As an internist, I'd like to point out that in my specialty an initial office visit is often a diagnostic survey, entailing a complete history


When there's a Pram
in her future...
she'll need
filmtab PRAMILETS (TM)
today

An announcement, Doctor, appropriate to the next blessed event at which you'll preside . . .

NEW Filmtab PRAMILETS (TM)

COMPREHENSIVE VITAMIN-MINERAL SUPPORT WITH JUST 1 FILMTAB DAILY

Now, with new Pramilets, mothers-to-be can rejoice—and with good reason! For, with an adequate diet, a single Pramilets Filmtab daily may provide all the nutritional support needed in pregnancy.

Each Pramilets combines: a good supplemental dosage of phosphorus-free calcium, important iron—in the form of ferrous fumarate—plus all the other necessary prenatal supplements. Fact of the matter is, there's no better vitamin-mineral formula available for achieving optimum nutrition in pregnancy. All this in a compact, easy-to-swallow Filmtab.

Has the new Pramilets professional sample come your way yet, Doctor? Watch your mail—or ask your Abbott Representative.

PRAMILETS FOR THE LADY WITH A PRAM IN HER FUTURE!

Letters

and physical examination. This usually takes an hour, sometimes an hour and a half or more. It's for this sort of initial visit that we charge relatively higher fees.

But some initial visits are merely short probing sessions in which the internist determines if the patient must return for a diagnostic survey. And others involve only the treatment of some minor condition, such as a cold. Naturally the fees for these initial visits would be considerably under $20.

This makes me wonder if your survey questionnaire clearly defined "initial office visit."

Wallace M. Yater, M.D.
Washington, D.C.

The definition was left up to the doctors surveyed. They were asked: "What are your usual office visit fees for . . . an initial visit?" Their answers, therefore, may be taken to apply to the usual *type of initial visit in each field.*—ED.

The Screaming Blonde

SIRS: "How to Deal With the Seductive Patient" interested me in view of an experience of mine not long ago. It could happen to any doctor—so let me tell you of "The Case of the Screaming Blonde."

One busy afternoon, a tall, very shapely blonde breezed into my inner office, seated herself, and introduced herself pleasantly as a narcotics addict. She then launched into a plea for a "fix." I cut her short and explained politely why I couldn't supply this.

Whereupon she stood up and, before you could say "diadokokinesia," she had unzipped her dress and unsnapped her underthings and stood there as naked as a calendar. "Now," she said, "do I get a fix or do I scream for help?"

The idea of a nude woman screaming for help with the outer office full of patients cheered me not at all. But to appease her would be unworthy of a self-respecting frontier doctor. So I took the bull by the horns—that is to say, the blonde by the shoulders. I shook her and muttered fiercely:

"One scream out of you and out you go onto the sidewalk on your bare bottom. Then I'll call the deputy sheriff—he's right next door!"

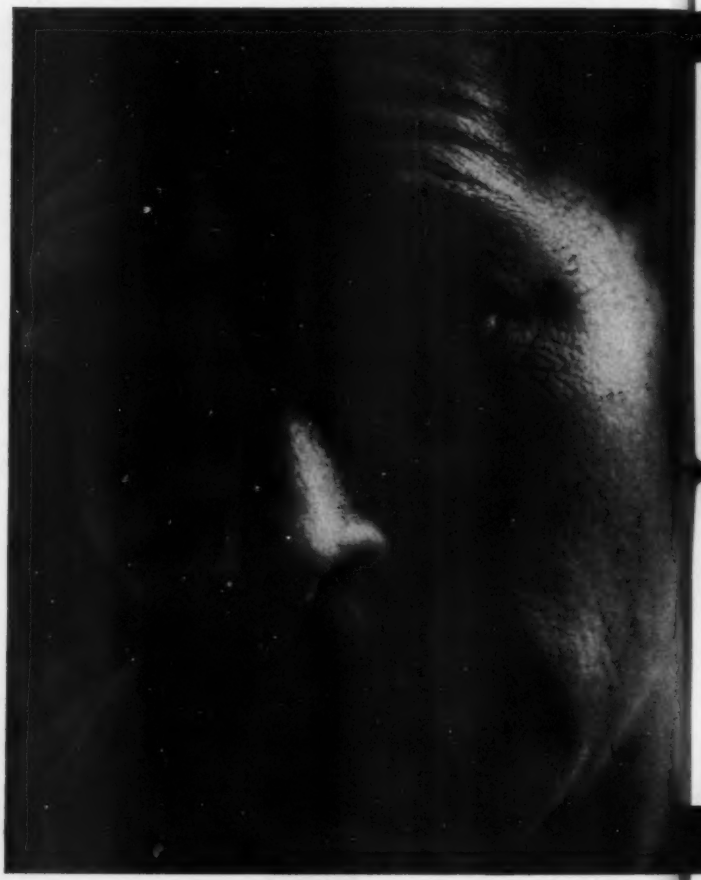
Well, that did it. She was back in her clothes almost as fast as she'd skinned out of them, and she made tracks fast.

Addicts will go to great lengths to try to get their fix, but they're easily handled by threatening them with the law. They have a horror of being picked up.

M.D., Idaho

END

FOR ANXIETY – particularly when expressed as apathy, listlessness and emotional fatigue



TYPICAL PRESENTING SYMPTOMS

loss of normal drive
inability to concentrate or work effectively
indecisiveness
irritability
crying spells
insomnia
anorexia
vague fears
undue preoccupation with somatic complaints
wide swings of mood
generalized discomfo
headaches
dizziness
palpitations
hyperventilation
epigastric distress

NEW

1 mg. STELAZINE* TABLETS

brand of trifluoperazine

'Stelazine' is unique because it not only relieves agitation and tension, but also relieves apathy, listlessness and emotional fatigue resulting from anxiety states.

Other noteworthy characteristics of 'Stelazine', brought out in clinical studies in over 12,000 patients, are:

- effectiveness where other agents fail
- notable lack of troublesome side effects
- fast therapeutic response with very low doses
- convenient b.i.d. administration

"THE INDIFFERENCE WHICH OCCURS COMMONLY WITH OTHER TRANQUILIZERS WAS ABSENT."[1]

This observation about 'Stelazine' points to what may be one of the most important and distinguishing characteristics of the drug—that is, 'Stelazine', while relieving emotional distress, does not "tranquilize" your patients out of normal activity or normal aims.

AVAILABLE for use in everyday practice—1 mg. tablets, in bottles of 50 and 500. Literature available on request. Smith Kline & French Laboratories, Philadelphia.

REFERENCES: 1. Gearren, J.B.: Dis. Nerv. System *20*:66 (Feb.) 1959. 2. Margolis, E.J.; Pauley, W.G.; Cauffman, W.J., and Gregg, P.C.: Scientific Exhibit at the 12th Clinical Meeting of the American Medical Association, Minneapolis, Minn., Dec. 2-5, 1958. 3. Phillips, F.J., and Shoemaker, D.M.: *ibid.* 4. Ayd, F.J., Jr.: Clin. Med. 6:387 (Mar.) 1959.

SMITH KLINE & FRENCH

*Trademark

leaders in psychopharmacology

Something to remember about mouthwashes...

There may come times in the course of your daily practice when you are asked to recommend a mouthwash—for a scratchy throat, for example, or a "furry" taste, or bad breath, or general oral hygiene.

If this question is asked, Doctor, you may suggest Listerine Antiseptic without any cautions whatsoever.

The Listerine formula, as you may know, is all but identical to that of *liquor antisepticus*, as listed in the National Formulary.

Listerine is not only effective, it is completely safe, even for small children. And Listerine Antiseptic is on hand and available in more U. S. homes than all other mouthwashes combined.

If you would like Listerine Antiseptic for home or office use, the special offer below might well be worth your consideration.

SPECIAL PROFESSIONAL OFFER—PROFESSIONAL GALLON SIZE $2.50

Fill out the coupon below and send it in with your professional card and check or money order for $2.50 made out to Lambert Pharmacal Company Division and receive prepaid a full gallon of Listerine Antiseptic.

Mail to: Professional Service Dept. (119)
Lambert Pharmacal Company Div., Morris Plains, N. J.

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*Address*_____

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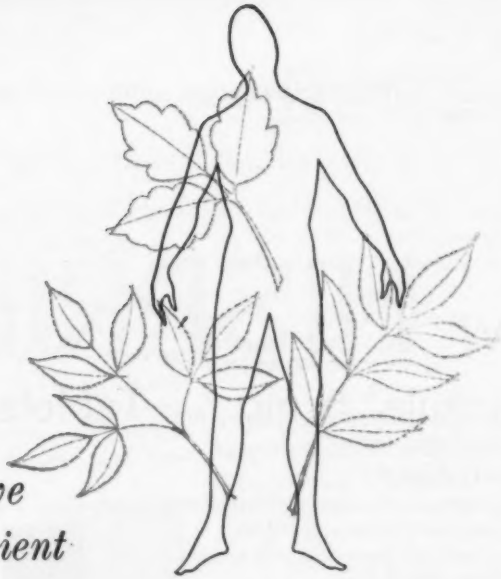

effective
convenient

Terra-Cortril®

brand of oxytetracycline and hydrocortisone

Topical Ointment

A rational approach to the control of dermatoses because of its dual effectiveness against both infection and inflammation. In a specially formulated, easily applied ointment base.

Supplied: In 1/6-oz. and 1/2-oz. tubes, containing 3% oxytetracycline hydrochloride (Terramycin®) and 1% hydrocortisone (Cortril®).
Also available: Terra-Cortril Eye/Ear Suspension—in bottles of 5 cc.

Pfizer *Science for the world's well-being*

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
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A potent, low-dose antihistamine

for allergic patients who must remain active and alert

NEW HISPRIL*

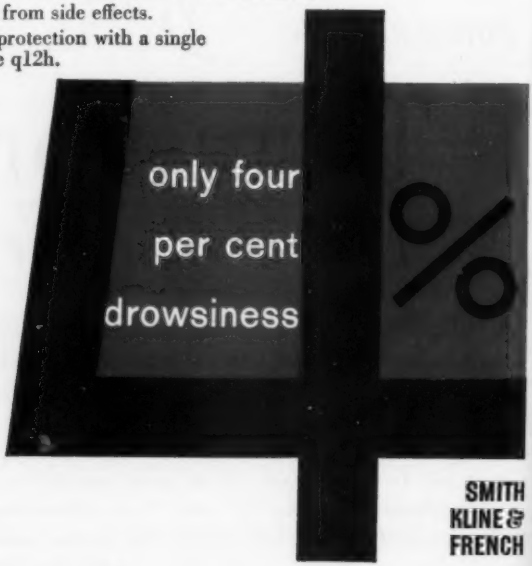
brand of diphenylpyraline hydrochloride

Spansule® 5 mg. and Tablets 2 mg.

brand of sustained release capsules

ADVANTAGES:

1. Often works where other antihistamines have failed.
2. Unusual freedom from side effects.
3. All-day, all-night protection with a single 'Spansule' capsule q12h.



SMITH KLINE & FRENCH

*Trademark

News

Tax the 'Frivolities' and Make U.S. Healthy, M.D. Urges

The Federal Government can double its spending for medical research and still balance the budget. How? By taxing the "frivolities that injure health." That's the suggestion of Dr. Walter Bauer, chief of medical services at Massachusetts General Hospital and professor of clinical medicine at Harvard.

Bauer

"Frivolities" that Dr. Bauer nominates to be taxed are liquor, candy, cosmetics, and tobacco.

Dr. Bauer has already shared his ideas with members of the U.S. Senate. Not long ago he spoke up to a Senate subcommittee in favor of giving the National Institutes of Health almost twice as much as President Eisenhower had requested. The difference, he said, could be made up by his proposed new taxes. Commented Senator Lister Hill: "I think your suggestion is excellent."

But a newsman who was covering the subcommittee session pointed to Dr. Bauer's pipe afterward and said, "I note you use tobacco."

"Yes," replied the doctor, "and you heard me coughing in there all morning."

2 M.D.s Are Suspended When Substitute Technician Errs

How far must a physician go in supervising the work of a technician? The question arose again not long ago in the death of a 70-year-old woman hospital patient from radiation burns.

At a public hearing, an X-ray technician testified it was she who had administered a large overdose of radiation. But even so, two Binghamton (N.Y.) City Hospital radiologists—Dr. Elmer G. St. John, the chief, and Dr. Victor Drucker, his assistant—were suspended from their jobs by the hospital board and charged by the administrator with "incompetency and misconduct." These charges were denied by the radiologists.

Here's the story that came out at the hearing, which was held under civil service law:

The patient underwent surgery

News

for breast cancer last summer. In the fall, she returned as an outpatient. Dr. Drucker gave orders for radiation therapy to a substitute technician. She administered the correct exposure for one region. But, instead of following orders, she failed to cut the time for two other areas.

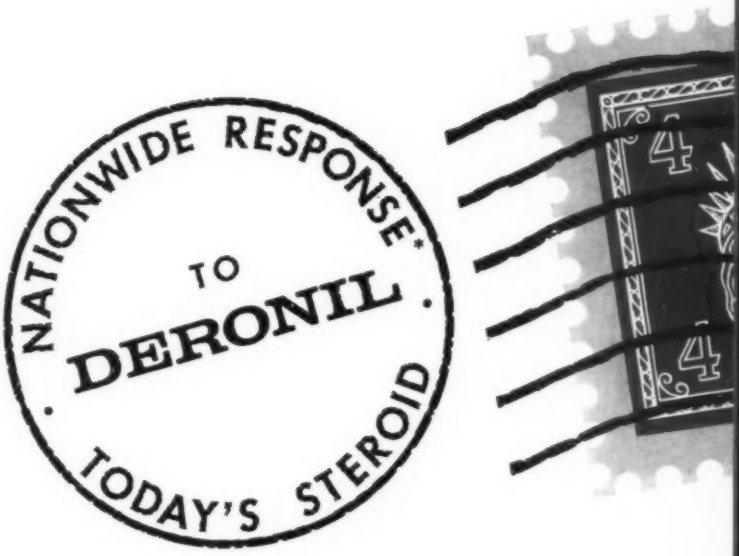
The regular technician, returning from vacation, discovered the overdose when she noticed inconsistencies in the record kept by the substitute.

Four months later, the patient was back in the hospital for treatment of radiation burns. Hospital authorities charged that the two radiologists had "deliberately concealed" the overdose. The doctors claimed they had merely corrected inconsistencies.

The patient returned twice more for treatment of radiation reaction. She died this spring after nearly a month of hospitalization.

Shortly after her death, Hospital Administrator Harold G. Koach signed a series of charges against the radiologists under civil service procedure. This included the accusation that it was they who changed the hospital records to conceal the overdose of radiation.

It was then that Koach presided over a public hearing into the charges. According to some evidence, the technician had given the



BRONCHIAL ASTHMA—(Female, 53), *Source:* M.D., New Jersey
"Results excellent. Although control was adequate with previous corticosteroid therapy, certain side effects did appear occasionally. No side effects have appeared with Deronil and she has been entirely asymptomatic."

POISON OAK DERMATITIS—(Male, 41), *Source:* M.D., Georgia
"Complete clearing of severe dermatitis."

ECZEMATOUS DERMATITIS, Dyshidrosis of hands—(Male, 42), *Source:* M.D., Maryland
"Patient has had numerous vesicular lesions on his hands for years. Deronil is the first steroid that has given him any relief for any length of time."

TENOSYNOVITIS—(Male, 46), *Source:* M.D., Illinois
"Previous therapy failed. Deronil alone completely relieved him."

HERPES ZOSTER—(Female, 41), *Source:* M.D., Nebraska
"No response from enzymatic therapy; relief from pain in 24 hours on Deronil. Lesions cleared in 8 days."

*Responses of patients to DERONIL as reported by physicians to the Schering Department of Professional Information.

Schering

third major steroid advance...

adding patients for steroid benefits
adding benefits for steroid patients

DERONIL

benefits demonstrable in <u>your</u> practice

- *highest* available anti-inflammatory activity
- *lowest* effective steroid dosage
- *minimal* diabetogenic potential
- *avoidance* of "new" side effects—no muscle weakness, anorexia, weight loss
- *greatest* patient convenience— specially scored, "easy-break" tablets

Consult Schering literature for details of indications, dosage, precautions and contraindications.

Packaging: DERONIL Tablets, 0.75 mg., scored, bottles of 50 and 500.

DERONIL—T. M.—brand of dexamethasone.

Schering

SCHERING CORPORATION • BLOOMFIELD, NEW JERSEY

patient five times the prescribed dosage of radiation. Until this accident, the doctors had considered her "a competent technician."

Moreover, they said, "It is not standard procedure . . . for radiologists to stand at the controls of X-ray machines during therapy or to check the technicians' treatments . . ."

There was conflicting testimony about who was responsible in the alteration of the records. But Koach's decision held both radiologists responsible.

Koach also ruled that the doctors were not negligent in the treatment of the patient, although he said that Dr. St. John should have taken disciplinary action against the technician.

Koach added no other penalty to the doctors' two-month suspension and the ordeal of the public hearing. But even so, Dr. St. John's lawyer says he'll go to court to appeal the administrator's ruling.

Halt Socialization With This Hospital Scheme?

The best way to forestall socialized medicine is to create a nation-wide system of closed-panel hospitals, built with public funds but run by local people. Potential patients would "belong" to a hospital, as they belong now to a club or a lodge, and they'd pay dues. That's the blueprint for medical care tomorrow as drawn up recently by Dr. Russel V. Lee of the Palo Alto (Calif.) Medical Clinic.

Here's how he'd bring his blueprint to life:

1. Start "an immediate, extensive, and comprehensive program of hospital construction . . . Half of the present hospitals should be torn down and replaced. Largely or entirely by governmental help . . . build at least five beds for each thousand of the population."

Lee

2. Let persons in the area served by each hospital "belong" to it by paying dues. The more services wanted, the higher the dues. Nonmembers would pay for care on a fee-for-service basis. Indigents' dues would be paid by local welfare agencies.

3. Run the hospitals by locally elected boards that "could reflect in their policies the desires of the particular community . . ."

4. Organize the medical staff as a group practice clinic that would "for a fixed, agreed-upon fee . . . furnish all needed medical and surgical services to the members." But this wouldn't stop individual doc-

FOR SIMULTANEOUS IMMUNIZATION

against 4 diseases:

Poliomyelitis – Diphtheria – Pertussis – Tetanus

now immunization is possible against more *diseases — with* fewer *injections*

Dosage: 1 cc. *Supplied:* 9 cc. vials in *clear plastic* cartons. Package circular and material in vial can be examined without damaging carton. Expiration date is on vial for checking even if carton is discarded.

MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

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tors from having private patients, too.

5. Provide, in addition, a low-cost indemnification policy to cover members away from home.

6. In case of deficit, assess the membership. In the event of a surplus, pay dividends or expand the services offered.

This system would allow us to provide medical services for all, says Dr. Lee, "under a partly free enterprise system" such as we have now. And it "should take precedence over the program for superhighways largely devoted to filling more hospital beds."

G.P.s Protest Fees Below Those of D.O.s

The general practitioner is used to finding himself on the low end in any tabulation of M.D.s' average fees. But some G.P.s now are complaining about a fee schedule that pays them less than it pays osteopaths.

G.P.s in Queens County, N.Y., noticed recently that the state's new Workmen's Compensation fee schedule sets their payments below those to osteopaths. The G.P.s protested loudly. And the state medical society has passed a resolution backing their objection.

How do the fees compare? G.P.s and the osteopaths get the same for initial home calls ($7) and for all emergency visits at night ($8). But in all other categories, the D.O.s get 50 cents or $1 more.

Explains the state board: "The higher fees are paid because every visit to or by a D.O. expressly includes osteopathic manipulation." Otherwise the two fee schedules are the same.

'Blue Shield Should Reward Participating Doctors'

Should Blue Shield's participating physicians get more breaks for cooperating as they do? Blue Shield professional relations executives evidently think so. Out of a recent "brainstorming" session led by Carl E. Behle, supervisor of physician relations for the Oklahoma plan, came these ideas of what Blue Shield should do to help participating physicians:

¶ Publicize their names.

¶ Print their names and addresses on claims forms as a convenience.

¶ Pay them ahead of nonparticipating physicians.

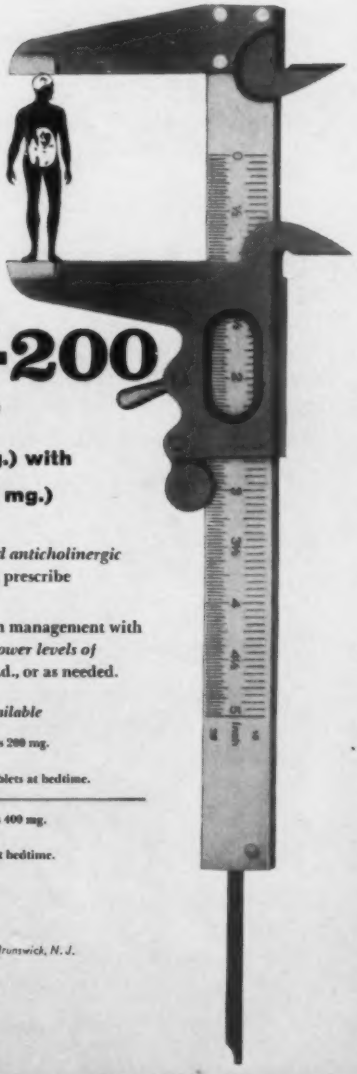
But even nonparticipating physicians would benefit from the adoption of other points made by the professional relations men. As reported by Behle, they felt:

1. Specialists' groups should elect spokesmen and send them to meetings of Blue Shield policy-

NEW G.I. DOSAGE FORM

FOR DOSAGE ADJUSTABLE TO

THE MEASURE OF THE MAN



Milpath®-200

200 mg. Miltown® + 25 mg. anticholinergic

½ strength Miltown (200 mg.) with full-level anticholinergic (25 mg.)

...When the G. I. patient requires *increased anticholinergic effect* with normal levels of tranquilization, prescribe 2 Milpath 200 t.i.d., or as needed.

...When the G. I. patient requires long-term management with established anticholinergic levels but with *lower levels of tranquilization*, prescribe 1 Milpath 200 t.i.d., or as needed.

Two dosage forms of Milpath are now available

MILPATH 200—Each yellow, coated tablet contains 200 mg. meprobamate and 25 mg. tridihexethyl chloride.

DOSAGE: 1 or 2 tablets t.i.d. at mealtime and 2 tablets at bedtime.

MILPATH 400—Each yellow, scored tablet contains 400 mg. meprobamate and 25 mg. tridihexethyl chloride.

DOSAGE: 1 tablet t.i.d. at mealtime and 2 tablets at bedtime.

Both forms supplied in bottles of 50 tablets.

WALLACE LABORATORIES *New Brunswick, N. J.*

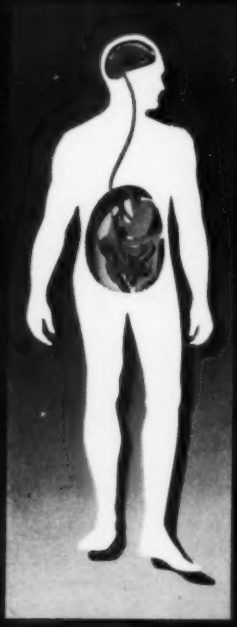
IN G.I. DISORDERS . . .

keeps the mind off the stomach . . . the stomach free of pain

Milpath

Miltown + *anticholinergic*

relieves anxiety and tension for enhanced antispasmodic effect



now two Milpath forms for adjustability of dosage

Yellow, scored tablets of 400 mg. meprobamate and 25 mg. tridihexethyl chloride (formerly supplied as the iodide). Bottle of 50.
Dosage:
1 tablet t.i.d. at mealtime and 2 at bedtime.

Yellow, coated tablets of 200 mg. meprobamate and 25 mg. tridihexethyl chloride. Bottle of 50.
Dosage:
1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

WALLACE LABORATORIES
New Brunswick, N. J.

making boards. Blue Shield should hear what the doctor-delegates have to say, and act on it promptly "in a businesslike manner."

2. Doctors should get speedy and intelligent action from Blue Shield on claims and on disputed fees. When doctors don't get it, the group noted, it's often because claims are handled by "uninformed and irresponsible personnel."

He's Leaving Wall Street To Become a Doctor

Some doctors dream of making a killing on Wall Street and retiring. Here's a reverse twist. It involves a professional speculator who has just made his fortune. Now he wants to become a doctor.

Seth Glickenhaus, a New York broker, is retiring from Wall Street at 45 after cleaning up several million dollars in a single spectacular deal (in A.T. & T. convertible debentures). His next investment will be the tuition for medical school. Explains Glickenhaus: Wall Street has been "exciting," but now he wants "to contribute a little more to the world we live in."

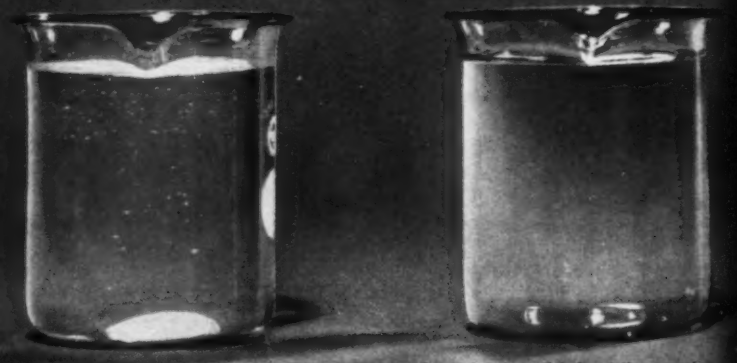
Hospital Rates High? Check in 50 Years

What will interest doctors in the year 2009? This question had to be decided recently by the medical staff of the University of Virginia

avoid the risk of insoluble, irritating aspirin particles

Chief among the drawbacks to aspirin usage is gastric intolerance. This ranges from mild upset and "heartburn" to severe hemorrhagic gastritis.[1-3] Studies performed in conjunction with gastrectomy[4-6] and gastroscopy[7] have shown insoluble aspirin particles firmly adherent to the gastric mucosa and imbedded between rugae. Reactions varying from mild hyperemia to erosive gastritis have been reported to occur in the areas immediately surrounding these adherent particles.[3-6] This is reported to be particularly true in patients with peptic ulcer.[6]

CALURIN is the freely soluble, stable calcium aspirin complex. Its high solubility forestalls gastric irritation or damage



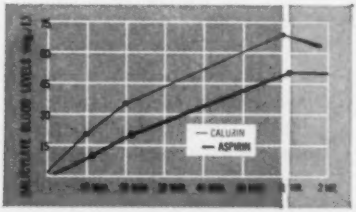
Regular aspirin crystals 24 hours after being mixed into water.

Calurin crystals in solution one minute after being mixed into water.

CALURIN*

STABLE SOLUBLE CALCIUM-ACETYLSALICYLATE-CARBAMIDE

Particle-induced ulceration — section through lesion found in gastrectomy specimen. An aspirin particle was found firmly imbedded in this undermined erosion. Such lesions may be associated with the relative insolubility of aspirin, which remains in particulate form after dispersion in gastric contents.



Calurin, being freely soluble, is promptly available for absorption into the systemic circulation. Salicylate blood levels in 12 subjects receiving both Calurin and plain aspirin were found to rise more than twice as high within ten minutes following Calurin. Also, these levels persisted higher for at least two hours.[11]

CALURIN is the aspirin of choice, especially when high-dosage, long-term therapy is indicated:

1. High solubility forestalls gastric irritation or damage. This advantage is of special importance in arthritis and other conditions requiring high-dosage, long-term therapy.
2. Produces high salicylate blood levels rapidly for prompt analgesic, anti-pyretic, anti-arthritic effect.
3. Sodium-free — for safer long-term therapy.
4. Flavored: can be chewed or dissolved in the mouth without water if desired — an advantage for patients requiring aspirin administration during the night and for pediatric patients.

Dosage: Each tablet of Calurin is equivalent to 300 mg. (5 gr.) of acetylsalicylic acid. For relief of pain and fever in adult patients, the usual dose of Calurin is 1 to 3 tablets every 4 hours, as needed; in arthritic states, 2 or 3 tablets 3 or 4 times daily; in rheumatic fever, 3 to 5 tablets 4 or 5 times daily. For children over 6 years, the usual dose is 1 tablet every 4 hours; for children 3 to 6 years, ½ tablet every 4 hours, as required. Not recommended for children under 3.

REFERENCES: 1. Waterson, A. P.: Aspirin and gastric haemorrhage, Brit. M. J. 2:1531, 1955. 2. Douthwaite, A. H., and Lintott, G. A. M.: Gastroscopic observation of the effect of aspirin and certain other substances on the stomach, Lancet 2:1222, 1938. 3. Editorial Comments: The effect of acetylsalicylic acid (aspirin)-on the gastric mucosa, Canad. M. A. J. 80:47, 1959. 4. Muir, A., and Cossar, I. A.: Aspirin and ulcer, Brit. M. J. 2:7, 1955. 5. Muir, A., and Cossar, I. A.: Aspirin and gastric haemorrhage, Lancet 1:539, 1959. 6. Schneider, E. M.: Aspirin as a gastric irritant, Gastroenterology 33:616, 1957. 7. Bayles, T. B., and Tenckhoff, H.: Salicylate therapy in rheumatic diseases, Scientific Exhibit, Ann. Mtg. A. M. A., San Francisco, Calif., June, 1958. 8. Batterman, R. C.: Comparison of buffered and unbuffered acetylsalicylic acid, New Eng. J. M. 258:213, 1958. 9. Cronk, G. A.: Laboratory and clinical studies with buffered and nonbuffered acetylsalicylic acid, New Eng. J. M. 258:219, 1958. 10. Editorial: Aspirin plain and buffered, Brit. M. J. 1:349, 1959. 11. Smith, P. K.: Plasma concentration of salicylate after the administration of acetylsalicylic acid or calcium acetylsalicylate to human subjects, Report submitted to Smith-Dorsey from Dept. of Pharmacology, Geo. Washington Univ. School of Medicine, Washington, D. C., Sept. 5, 1958.

*TRADEMARK

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

Hospital in Charlottesville. The project: to bury a time capsule showing how today's hospital works. The capsule is to be pried out of the new hospital addition's cornerstone in exactly fifty years.

At that time, hospital rate tables for 1959 will make the most interesting reading, the staff decided. So the current rates will come to light again in a half century.

Now Physicians Too Can Get Day-or-Night Help

Doctors get called at any hour for medical emergencies. Now they can call a number that will give *them* around-the-clock service for household emergencies. How? By joining one of the home service associations that are springing up in many neighborhoods.

Here's how a home service association works:

1. As a homeowner, you join an association when one gets organized in your area. You pay a small membership fee, often $10 the first year and $5 a year thereafter.

2. You can then call the association at any hour. And you're assured of the prompt services of a plumber to fix a leaky pipe, a repairman for the refrigerator, or any one of dozens of other technicians. You can also arrange for anything from building a new rumpus room to renting a portable dance floor.

3. Contractors and craftsmen who cooperate with the association sign an agreement to provide guaranteed work at fair prices. And you don't pay until you're satisfied.

4. You can charge the repair fee and get a bill at the end of the month.

Does the plan really work as advertised? The majority of members say yes. But there are those who have let their membership drop because they say they'd rather do their own shopping around for services.

Clinic Set Back $26,000 On Open-End Promise

Because they promised too much to a new staff member—and put it in writing without checking with a lawyer—the physicians of a large Southern clinic are some $26,000 poorer. Here's how and why they lost the money, as one of the senior partners tells the story:

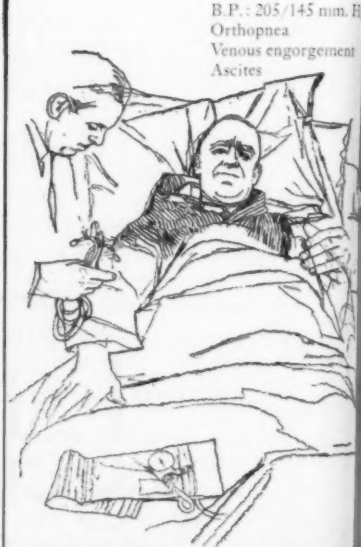
Several years ago, the clinic decided to take on a radiologist. It hired a young man the senior partners had known both as medical student and patient. They offered to put him on the staff for a three-year trial period. If all went well, they added, he'd then become a partner and receive 10 per cent of the clinic's net profits.

The radiologist accepted the of-

new Esidrix-Serpasil:

High blood pressure
plus tachycardia

Therapy: **Esidrix-Serpasil.** ***Rationale:*** **Heart-slowing effect of Serpasil to prolong diastole, allow more time for recovery of myocardium, increase coronary blood flow, improve cardiac efficiency. Potentiated antihypertensive effect for greater blood pressure control.**



High blood pressure
plus congestive failure

Therapy: **Esidrix-Serpasil.** ***Rationale:*** **Potent diuretic action of Esidrix to relieve edematous condition, improve cardiac status. Combined antihypertensive action of Esidrix and Serpasil for lowest blood pressure levels. Convenience of combination tablet medication for greater patient acceptance.**

one prescription that controls high blood pressure plus its complications

B.P.: 220/140 mm. Hg
Edema
Weight: 210 pounds

High blood pressure plus edema/overweight

Therapy: **Esidrix-Serpasil.** ***Rationale:*** **Diuretic effect of Esidrix to eliminate excess body fluids, bring patient to dry weight. Potentiated antihypertensive effects of Esidrix and Serpasil in combination. Convenience of 1-prescription therapy.**

B.P.: 170/112 mm. Hg
Nervous
Sweating palms

High blood pressure plus anxiety

Therapy: **Esidrix-Serpasil.** ***Rationale:*** **Central action of Serpasil to calm the patient, shield him from environmental stress. Combined antihypertensive action of Esidrix and Serpasil for lowest blood pressure levels. Simplified dosage schedule.**

one prescription that controls high blood pressure plus its complications

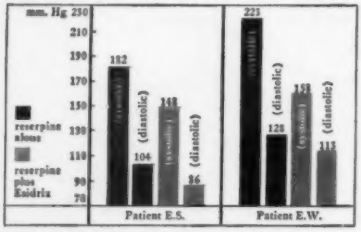
Esidrix-Serpasil Combination Tablets

A new antihypertensive combination—Esidrix-Serpasil is a combination of ESIDRIX[T.M.] (hydrochlorothiazide CIBA), an improved analog of chlorothiazide developed by CIBA research, and SERPASIL® (reserpine CIBA). Each tablet combines the potent diuretic and mild antihypertensive effects of Esidrix with the antihypertensive, heart-slowing and calming effects of Serpasil.

Indications—Esidrix-Serpasil is indicated in all grades of hypertension, particularly when one or more of the following complications exist: anxiety, tachycardia, congestive failure, pitting edema, edema of obesity, other edematous conditions.

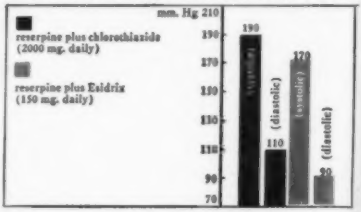
More effective than either drug alone—Investigators who have used the combination of hydrochlorothiazide and reserpine report that it is more satisfactory than either drug alone.

Adapted from Maronde, R. F.: Clinical Report to CIBA



More effective than chlorothiazide-reserpine combinations—Many patients resistant to chlorothiazide-reserpine therapy have shown significant clinical response when Esidrix-Serpasil was started. The blood pressure of patient shown below was only slightly reduced on chlorothiazide and reserpine. When Esidrix was substituted for chlorothiazide, lower blood pressure levels were achieved.

Adapted from Hurxthal, L. M.: Clinical Report to CIBA



Dosage—Esidrix-Serpasil is administered orally in a dosage range of 1 to 4 tablets daily. Dosage should be individualized and adjusted to meet changing needs. For maintenance, as little as 1 tablet daily may be sufficient.

In cases of more severe hypertension, dosage of Esidrix-Serpasil can be revised upward to 4 tablets daily. When necessary, more potent antihypertensive agents may be added. When Esidrix-Serpasil is started in patients already receiving ganglionic blockers, dosage of the latter should be immediately reduced by at least 50 per cent.

Side effects and cautions—As when any diuretic agent is used, patients should be carefully observed for signs of fluid and electrolyte imbalance. Esidrix in therapeutic doses is generally well tolerated. Side effects, even from large doses, have been few.

Supplied—Esidrix-Serpasil *Tablets*, 25 mg./0.1 mg., each containing 25 mg. of Esidrix and 0.1 mg. of Serpasil; bottles of 100.

new Esidrix-Serpasil[T.M.]
(hydrochlorothiazide and reserpine CIBA)
Combination Tablets

8/2000 MK

SUMMIT, N. J.

fer and asked the partners to sum it up in a letter. This they did. Unfortunately, their letter left out some important qualifications. It didn't say that the promise to make the radiologist a partner was predicated on his performance. Nor did it say if and when the arrangement would terminate.

A few weeks before the trial period was up and the partnership question was to have been settled, a radiologist in another area died. The young radiologist left abruptly to take over the practice.

About three years later, he sued the clinic for 10 per cent of the profits it had earned from the day he'd left until the date of the suit. And he demanded the same percentage for an indefinite period in the future. As a result, the clinic's books were audited, depositions were taken, and the case went to court.

For technical reasons, the court threw it out. Then a higher tribunal ordered it retried. At this point, the radiologist's attorneys sought an out-of-court settlement of $120,000. Lawyers for the clinic advised and obtained a settlement at one-tenth that amount, or $12,-

over a cup of coffee . . .

INTERN: I've been wondering why you prescribed AZOTREX for the cystitis case. Are all three agents — tetracycline, sulfa and azo dye — really necessary?

ATTENDING MAN: Well, whenever I treat a urinary infection, I have three things in mind. First, I want to relieve pain, frequency and urgency as soon as I possibly can. Next, I want to eliminate the bacteria in the urine and easily accessible pathogens in the mucosa. Finally, I'd like to clear up the deeper foci of infection and thus help prevent recurrence. With AZOTREX, I have a good chance of accomplishing all three.

INTERN: I can go along with AZOTREX as far as relief of symptoms is concerned. The azo dye is a good urinary analgesic, so I agree with you on the relief of pain. Also I know that some patients get reassurance from the change in color of the urine.

But, why treat the infection with both tetracycline and sulfamethizole? Combination antibacterial therapy has come under some editorial fire recently. You know — no synergistic or additive effect in most cases. Generally, we're supposed to use the single antibiotic or sulfa which the "bugs" are most sensitive to.

ATTENDING MAN: I agree wholeheartedly. That's why I sent a specimen to the lab for culture and sensitivity. But right now we don't know the organisms involved, and it's going to be 2 or 3 days before we get the lab report.

When I have to work in the dark, I want as broad antibacterial coverage as possible. And, if this is a mixed infection—and these are fairly common—our chances are likely to be better with a combination like AZOTREX. Tetracycline and sulfamethizole are effective against many strains of staph, strep, proteus and pneumococci. Rhoads recommends this type of combination therapy for Pseudomonas, *A. aerogenes, B. faecalis* and *E. coli*.

So I figure AZOTREX is a good way to start. Should the sensitivity tests indicate that another antibacterial agent is preferable, we'll switch to that.

INTERN: You also said something about deeper foci of infection in the kidney . . . ?

ATTENDING MAN: We are both aware that a foreign body or obstruction will cause persistence of the infection and should be attacked directly. However, infection may persist or recur even in their absence.

Kass has suggested that this may be due to inadequate drug levels in tissues with a poor blood supply. Such circumstances may account for the reappearance, even after apparent sterilization of the urine, of the original organism with the same antibiotic sensitivity. Also, inadequate local tissue concentrations might fail to kill all bacteria and encourage the emergence of resistant strains. In Kass' view, high blood levels of drug are necessary to permit penetration of sufficient amounts to be of therapeutic value.

Tetracycline — especially in its phosphate form — is rapidly absorbed from the G. I. tract and produces high blood and tissue levels. According to Mason, sulfamethizole is one of the most soluble sulfonamides; this means high urinary antibacterial concentrations without crystalluria. I'd suggest you look this up in the U. S. Dispensatory and in N. N. D.

INTERN: O. K., I'll look it up. In the meantime I'll try to keep an open mind.

ATTENDING MAN: So far, we've talked only about "bugs and drugs". Let's not forget we're dealing with a sick person who will have to take medicine for a long time. It's a lot easier and more convenient to take one capsule instead of three. Now, how about another cup of coffee?

Azotrex®

TETRACYCLINE—SULFONAMIDE—ANALGESIC

Each AZOTREX CAPSULE contains: TETREX®* (tetracycline phosphate complex equivalent to tetracycline HCl activity), 125 mg.; Sulfamethizole, 250 mg.; Phenylazo—diamino—pyridine HCl, 50 mg.

Minimum Adult Dose: One capsule q.i.d.

Supplied: Bottles of 24 and 100 capsules.

*U.S. PAT. NO. 2,701,609

References: Rhoads, P. S.: Postgrad. Med. 21:563 (June) 1957; Kass, E. H.: Am. J. Med. 18:764 (May) 1955; Mason, T. J. in Conn, H. F.: Current Therapy – 1959, W. B. Saunders, Philadelphia, p. 342; Osol, A. and Farrar, G. E., Jr., Eds.: The Dispensatory of the United States of America 25th edition, Philadelphia, J. B. Lippincott Co., 1955, p. 1881; New and Nonofficial Drugs 1959, Philadelphia, J. B. Lippincott Co., p. 60.

Bristol

'Troph-Iron' not only gives a healthy boost to appetite, but also promotes growth and corrects nutritional iron deficiency in children who are underpar.

The dosage? Just one tasty, cherry-flavored teaspoonful (5 cc.) a day.

TROPH-IRON® Liquid

B_{12}—Iron—B_1

Also available: 'Troph-Iron' Tablets.

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000. To fight the case through several court appeals, they told the clinic, would have cost much more than that.

Even so, when the price of the settlement, legal fees, and other expenses were totted up, the clinic found it had been set back $26,000. Says the partner: "That was a heavy price to pay to learn that important letters should be checked with lawyers first."

When Is a Phone Listing Unethical Advertising?

Unethical advertising? That's what members of one small medical society decided it was when specialists from near-by cities "invaded" the local phone book's yellow pages. Specialists from near-by New Haven and Bridgeport had put paid yellow-page listings in their area phone book, the Naugatuck Valley (Conn.) Medical Society complained.

Doctors in the five valley towns are mostly G.P.s, with a sprinkling of the more common specialties. "Outside" doctors, a society spokesman said, show up in the local book under such listings as allergist, cardiologist, circulatory

surgery, dermatologist, ENT, neurosurgeon, orthopedist, and psychiatrist.

The complaint has already produced some results. Fairfield County doctors (including those in Bridgeport) have conceded that some of their number with "less than a common specialty" were listing their names in the Naugatuck book.

So now the doctors have branded it "improper" for any Fairfield County medical society member to have a paid yellow-page listing in an area where he doesn't have either (1) an office, (2) a residence, or (3) a hospital affiliation.

'Doctors Could Tell Hospitals How to Balance the Books'

Legend has it that doctors aren't good businessmen. But they have better business heads than hospital men, says an insurance executive. So he thinks it's up to doctors to show hospitals how to get out of the red.

Why can't hospital administrators pull themselves out of their own financial hole? Because, says R. L. Paddock, president of the Time Insurance Company of Milwaukee, Wis., "hospitals...have no profit motive . . . and know only one theme: 'We need more equipment, more rooms, more employes, more money.' "

Hospitals are in financial trouble with their Blue Cross plans, he continues, because they don't "adjust service to meet income." By contrast, says Paddock, doctors have operated Blue Shield successfully. And doctors, he concludes, could "put sense into the hospitals." How? By making practical suggestions for internal cost-cutting and better control of utilization.

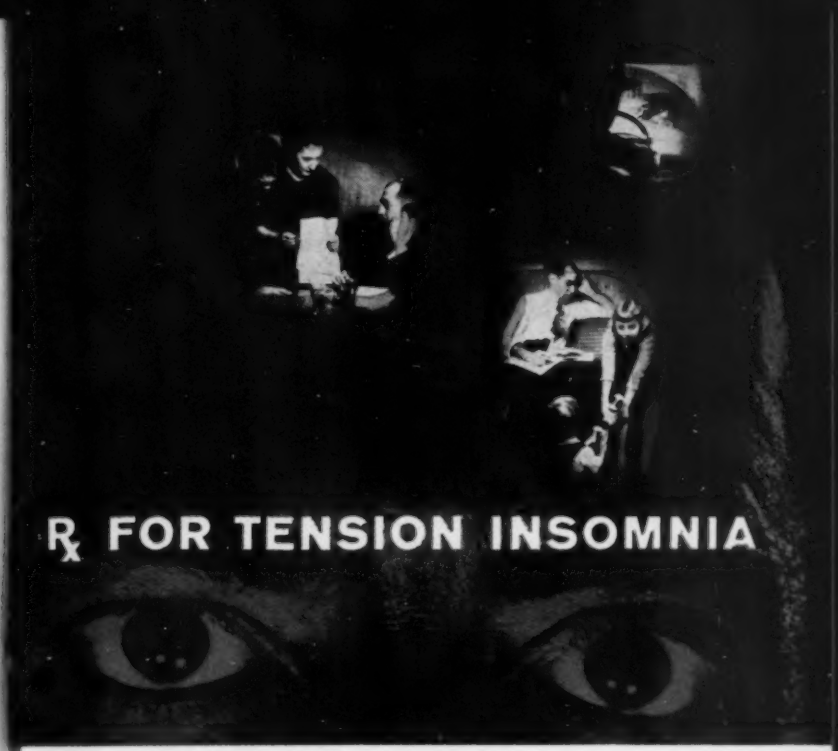
Court Says Some Doctors Are Storekeepers

Maybe medicine isn't a business. But a good many physicians recently discovered that they're considered to be practicing in stores. This revelation came from a New York City court. Any first-floor professional office with windows opening onto a street, decreed the court, is a store for purposes of the state rent control law.

This decision pleases landlords because it lets them jack up some doctors' rents. However, doctors above street level weren't given the storekeeper label. Thus they won't be hit by the rent increases.

Fine Way to Raise Funds

A new technique for hospital fund-raising has materialized in the State of Washington. A Seattle woman was convicted of driving



Rx FOR TENSION INSOMNIA

Two MEPROTABS before retiring

- **insure restful, uninterrupted sleep**
- **insure alert awakening**
- **insure a tranquil mind and relaxed body**

MEPROTABS are 400 mg. meprobamate tablets, coated, white, and unmarked, to make name and type of medication unidentifiable to your patient. Meprotabs are pleasant tasting and easy to swallow.

Meprotabs*

contains the *original* meprobamate, discovered and introduced by

WALLACE LABORATORIES, *New Brunswick, N. J.*

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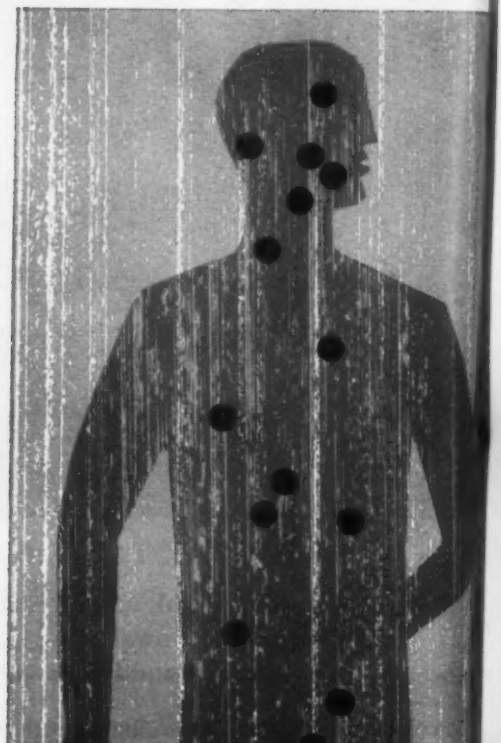
In just nine months over 2,800,00



patients have received

Madribon 1 *dose-a-day*

highly acclaimed because of its 90% effectiveness...
widely accepted because of less than 2% side effects

IN RESPIRATORY AND OTHER INFECTIONS – In more than 15,000 reported cases, Madribon has demonstrated remarkable effectiveness, characterized by rapid control of symptoms and disappearance of inflammation and infection. The action of Madribon is rapid and sustained, with minimal side effects.

IN CHRONIC INFECTIONS – Because it can be administered economically over long periods of time without adverse reactions, Madribon is particularly useful in chronic bacterial infections. In a substantial number of reported cases, Madribon was administered for as long as twelve months. There were no toxic, gastrointestinal or allergic manifestations.

New

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Madribon in 125 mg capsule form for convenient q.i.d. dosage

The fastest growing antibacterial bibliography:

1. J. D. Young, Jr., W. S. Kiser and O. C. Beyer, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 53-56, Feb. 1959. 2. J. C. Ellis, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 61-64, Feb. 1959. 3. N. H. Townsend and A. Borgstedt, *Antibiotics Annual 1958-1959*, New York, Medical Encyclopedia, Inc., 1959. 4. B. H. Leming, Jr., C. Flanigan, Jr. and B. R. Jennings, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 32-39, Feb. 1959. 5. S. Ross, J. R. Puig and E. A. Zaremba, *Antibiotics Annual 1958-1959*, New York, Medical Encyclopedia, Inc., 1959. 6. H. P. Ironson and C. Patel, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 40-43, Feb. 1959. 7. T. D. Michael, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 57-60, Feb. 1959. 8. W. A. Lee, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 44-48, Feb. 1959. 9. J. F. Glenn, J. R. Johnson and J. B. Semans, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 49-52, Feb. 1959. 10. W. F. Boger, *Antibiotics Annual 1958-1959*, New York, Medical Encyclopedia, Inc., 1959. 11. R. A. Koechlin, W. Kern and R. Engelberg, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 22-31, Feb. 1959. 12. R. J. Schnitzer and W. F. DeLorenzo, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 17-21, Feb. 1959. 13. R. J. Schnitzer, W. F. DeLorenzo, E. Grunberg and R. Russomanno, *Proc. Soc. Exper. Biol. & Med.* 99:421, 1958. 14. W. F. DeLorenzo and R. Russomanno, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 14-16, Feb. 1959. 15. B. Pust and E. Boehni, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 3-10, Feb. 1959. 16. W. F. DeLorenzo and A. M. Schumacher, *Antibiotic Med. & Clin. Therapy, 6:* (Suppl. 1), 11-13, Feb. 1959. 17. O. Brandman, C. Oyer and R. Engelberg, *J. M. Soc. New Jersey* 56:24, Jan. 1959. 18. L. O. Randall, R. E. Bagdon and R. Engelberg, *Toxicol. & Appl. Pharmacol. 1:*28, Jan. 1959.

*This figure does not include the millions of patients who have received Madribon outside of the United States.

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News

while her license was suspended. The judge ruled that she needn't spend ten days in jail if she'd rather contribute $150 to Seattle's Children's Orthopedic Hospital. She said she'd rather.

TV Medicine: It's Getting Harder to Swallow

Medical society protests have succeeded in banishing the "doctor" in the white coat from TV commercials. But, says one doctor, this has not halted the "practice of unlicensed medicine" on television.

It's still "booming," reports Dr. Robert B. Marin in the Journal of the New Jersey medical society—"with 'the take' running into millions and an unlimited sucker list."

His prediction: "The average viewer may well turn into an insomnious, headache-racked, gas-filled hypochondriac" if he keeps watching the "medical hucksters... having an all-time visual field day.

"Subjects usually discussed in the consultation room are aired with barroom candor," notes Dr. Marin. "Indeed, why see your doctor when the implication of medical advertisers is that he has already heartily endorsed the product? 'Ap-

KENACORT

SQUIBB TRIAMCINOLONE

for patients starting on corticoids

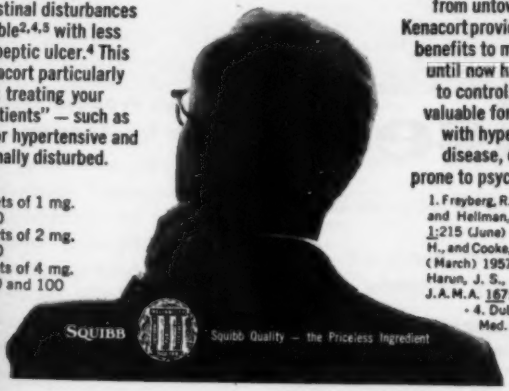
Kenacort safely starts your patients off right — with all the benefits of systemic corticosteroid therapy and few side effects to worry about. Increased corticoid activity is provided on a low dosage schedule[1-3] without edema,[1-4] psychic stimulation,[1-3] or adverse effect on blood pressure.[1-3,5] A low sodium diet is not necessary.[4,5] Gastrointestinal disturbances are negligible[2,4,5] with less chance of peptic ulcer.[4] This makes Kenacort particularly valuable in treating your "problem patients" — such as the obese or hypertensive and the emotionally disturbed.

Supplied:
Scored tablets of 1 mg.
Bottles of 50
Scored tablets of 2 mg.
Bottles of 50
Scored tablets of 4 mg.
Bottles of 30 and 100

for allergic patients requiring corticoids

Kenacort, in treating your allergic patients, has proved effective where other steroids have failed. In asthma, its potent antiallergic and anti-inflammatory properties improve ventilation and increase vital capacity.[2] Dyspnea and bronchospasm are usually relieved within 48 hours, and sibilant râles often disappear. Because of its low dosage[1-3] and relative freedom from untoward reactions,[1-5] Kenacort provides corticosteroid benefits to many patients who until now have been difficult to control. It is particularly valuable for allergic patients with hypertension, cardiac disease, obesity and those prone to psychic disturbances.

1. Freyberg, R.H.; Berntsen, C.A., Jr., and Hellman, L.: Arth. & Rheum. 1:215 (June) 1958. • 2. Sherwood, H., and Cooke, R.A.: J. Allergy 28:97 (March) 1957. • 3. Shelley, W. B.; Harun, J. S., and Pillsbury, D. M.: J.A.M.A. 167:959 (June 21) 1958. • 4. Dubois, E. L.: California Med. 89:195 (Sept.) 1958. • 5. Hartung, E. F.: J.A.M.A. 167:973 (June 21) 1958.



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News

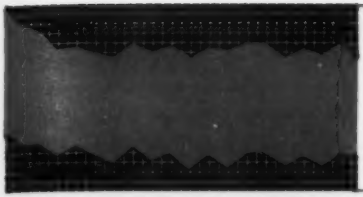
proved by doctors everywhere,'[is] oft-repeated. [And] instantaneous relief from prescription-free drugs is graphically mirrored in the faces and forms of models . . ."

In this category, here's Dr. Marin's nomination as one of TV's most repulsive demonstrations: "Recently, I watched some television advice on laxatives. The model, a beautiful young girl, downed a foaming drink and shortly, by well-defined implication, had her best evacuation in years. In that moment of youthful aspiration, one could practically hear the final and triumphant vibration of the plumbing. The product was, of course, widely 'prescribed by doctors.' "

Dr. Marin's bitter conclusion: "Doctors are being used, bilked, and hornswoggled, for we are indelibly linked with the pain-free, burp-free vistas of the television medical man."

Attorneys Propose More Grounds for Abortion

Doctors who want more leeway to do therapeutic abortions have reason to be optimistic. They have an influential legal study group, the American Law Institute, on their side. Many of its other proposals have influenced state statutes and judicial decisions. Now the Institute's judges, law-



HYDRODIURIL alone

RESERPINE alone

HYDROPRES
much more effective
than either of its
components alone

- Effective by itself in a majority of patients. Provides smooth, more trouble-free management of hypertension.
- Since HYDRODIURIL and reserpine potentiate each other, the required dosage of each is lower when given together as HYDROPRES than when either is given alone.
- HYDROPRES provides the needed and valuable tranquilizing effect of reserpine. Lower dosage may reduce such side effects of reserpine as excessive sedation and depression.
- Arrest or reversal of organic changes of hypertension may occur.
- Headache, dizziness, palpitations and tachycardia are usually promptly relieved. Anginal pain may be reduced in incidence and severity.
- With HYDROPRES, dietary salt may be liberalized.
- Convenient, controlled dosage.

HYDROPRES-25

25 mg. HYDRODIURIL, 0.125 mg. reserpine.
One tablet one to four times a day.

HYDROPRES-50

50 mg. HYDRODIURIL, 0.125 mg. reserpine.
One tablet one or two times a day.

If the patient is receiving ganglion blocking drugs or hydralazine, their dosage must be cut in half when HYDROPRES is added.

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yers, and law professors want the laws changed to let doctors do abortions in three situations:

¶ Where the doctor believes "the child would be born with grave physical or mental defect";

¶ Where pregnancy resulted from rape or incest;

¶ Where continued pregnancy "would gravely impair the mother's physical or mental health."

This latter provision would greatly widen the only type of abortion now legal in many states. In New York, for example, it's legal only if "necessary to preserve the life of the woman."

Before the abortion could be performed, two doctors would have to certify in writing to one of these conditions, proposes the American Law Institute. No longer would five doctors have to certify, as they now do in some cases.

New York? This Doctor Prefers the Jungle

A medical missionary who's spent twenty-three years in Africa prefers the roar of lions to the roar of city streets. The real adventurers, he says, are the doctors who brave downtown traffic.

Dr. Mark Poole says a leave spent in New York City confirms his belief that a man is safer in the jungles of the Belgian Congo. Why? In the jungle there aren't any muggers or gunmen. It's quieter, too: no cars, no sirens. Only some natives now and then with some drums.

It's Surgery 2 to 1

Readers of The American Weekly got the low-down on "emotional surgery" and "unnecessary operations" recently. And the Sunday magazine passed out some tips on how patients can avoid the knife. One way: "If your doctor recommends surgery, ask for a consultation. If two doctors disagree, call in a third."

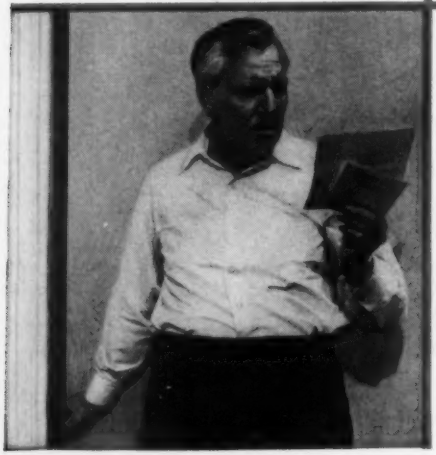
More Shut-Ins Get Rx For 'Room Service'

Many a doctor has found his toughest problems with geriatrics patients were nonmedical. A common one, for instance, is whether an elderly shut-in who lives alone is eating properly. Soon this may be no problem, though, as the "Meals on Wheels" idea spreads.

"Meals on Wheels" is a service that—upon a doctor's order—carts a combination lunch and dinner to a patient's home for $1.25 a day. Recently such a service was started up in Syracuse, N.Y., after doctors there had heard how well it was working in Rochester, N.Y., Columbus, Ohio, and Philadelphia, Pa. END

In Coronary Insufficiency...

Your high-strung angina patient often expends a "100-yd. dash" worth of cardiac reserve through needless excitement.



Curbs emotion as it boosts coronary blood supply

CONTROL OF EMOTIONAL EXERTION with Miltrate leaves him more freedom for physical activity.

IMPROVED CORONARY BLOOD SUPPLY with Miltrate increases his exercise tolerance.

Miltrate*

Miltown® (*meprobamate*) + PETN

Each tablet contains: 200 mg. Miltown and 10 mg. pentaerythritol tetranitrate.
Supplied: Bottles of 50 tablets.
Usual dosage: 1 or 2 tablets q.i.d. *before meals* and at bedtime. Dosage should be individualized.

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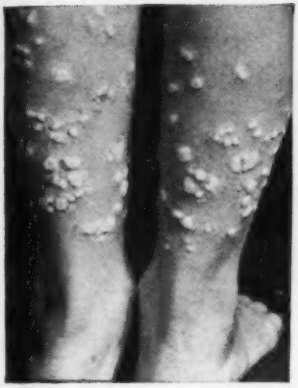

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distressing
to the patient

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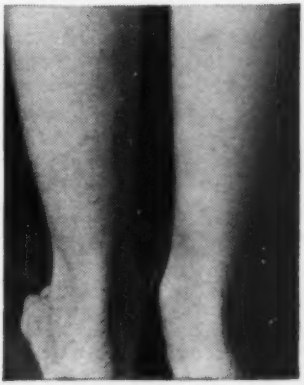

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at pharmacies or direct
in 4 and 8 fluid ounces

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RIASOL contains 0.45% Mercury chemically combined with soaps, 0.5% Phenol, 0.75% Cresol.

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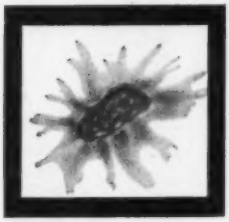
keep the ulcer in protective custody



Mucotin arrests painful enzymatic action by covering inflamed or eroded gastric mucosa with a protective and soothing shield of *natural* mucin. At the same time, two proven antacids . . . evenly dispersed by the mucin . . . restore gastric pH to the optimal range and keep it there for hours. Mucotin's acid barrier provides continuing neutralization, eliminates pain and discomfort, assures prompt and prolonged relief in peptic ulcer, hyperacidity, gastritis and pylorospasm. Dosage: 2 pleasant-tasting tablets 2 hours after each meal or whenever symptoms are pronounced.

Formula: each Mucotin tablet contains: natural gastric mucin 160 mg. (2½ gr.), alumina hydroxide gel 250 mg. (4 gr.), magnesium trisilicate 450 mg. (7 gr.).

Mucotin

the antacid with natural gastric muci

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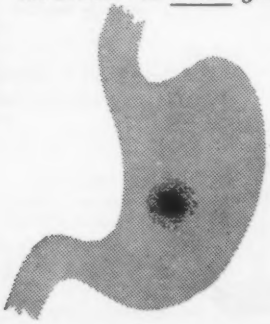

ANEMIA?

Your examination strongly suggests patient anemia. Here's how you can have on-the-spot, laboratory-accurate hemoglobin determinations to confirm your clinical diagnosis...and check the effectiveness of progressive treatments.

AO Hb METER! You or your nurse can make hemoglobin determinations in less time than it takes to make an oral temperature reading. Pocket size...use it at hospital, office or bedside. Used by doctors over four million times last year. Ask your Surgical Supply dealer for a demonstration or write:

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Please send me complete information on the AO Hb Meter.

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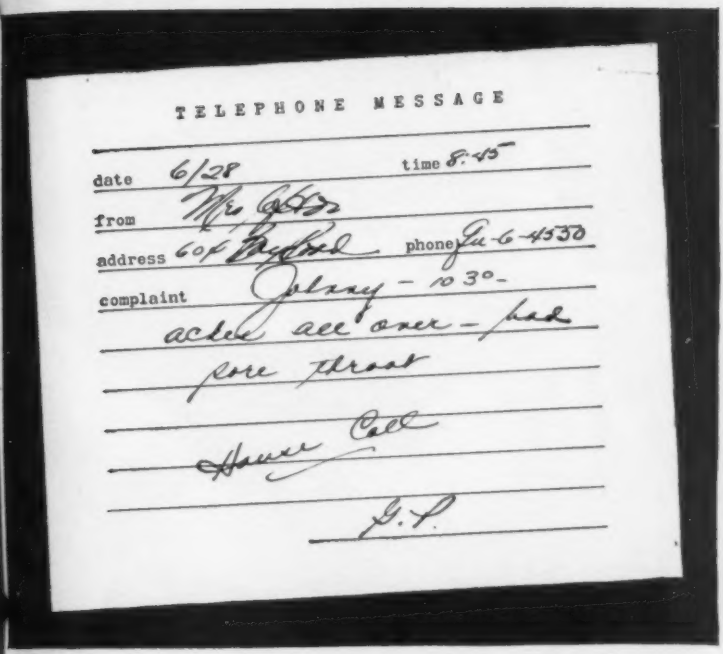

the house-call antibiotic

COSA-SIGNEMYCIN®

glucosamine-potentiated tetracycline with triacetyloleandomycin

wide range of action is reassuring when culture and sensitivity tests are impractical

NOTE: More than 90 clinical references attest to the superiority and effectiveness of Cosa-Signemycin (Signemycin). Bibliography and professional information booklet available on request.

CAPSULES: 125 mg., 250 mg.

ORAL SUSPENSION: raspberry flavored, 2 oz. bottle, 125 mg. per teaspoonful (5 cc.)

PEDIATRIC DROPS: raspberry flavored, 10 cc. bottle with calibrated dropper), 5 mg. per drop (100 mg. per cc.)

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Pfizer *Science for the world's well-being*

Back at work . . . no angina in 2 month

. . . *on Metamine® Sustained b.i.d.*

In angina pectoris, even after myocardial infarction, early return to useful activity has special therapeutic value.[1] METAMINE® SUSTAINED, b.i.d. (1 tablet on arising and 1 before supper) provides ideal protective medication for the active, employed anginal patient. There is little danger of skipped doses; patient "is more faithful" to this simplified regimen. And METAMINE SUSTAINED protects patients refractory to other nitrates.[2]

When you prescribe METAMINE SUSTAINED, q. 12 h., your patient requires less nitroglycerin and remains fully re sive to that vital emergency medic And METAMINE SUSTAINED (amino phosphate, 10 mg., LEEMING) is virt free of nitrate side effects (na headache, hypotension).[2]

Supplied: bottles of 50 and 500 sust release tablets. Also: METAMINE, MET WITH BUTABARBITAL, METAMINE WITH BARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

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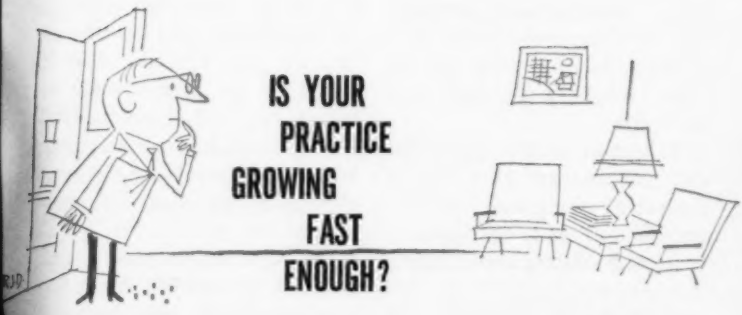
1. Slipyan, A.: J.A.M.A. 168: 147, Sept. 13, 1958. 2. Fuller, H.L. and Kassel, L.E.: Antibiotic Med. & Clin. Therapy, 3:322, 1956.

Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, AUG. 17, 1959



If you're seeing too few new patients, some single factor may be responsible. Here are eight cases where ONE change has made a sick practice healthy

BY HORACE COTTON

As a medical management consultant, I meet a lot of worried doctors. A surprisingly large number owe their worries to just one mistake they're making in their practice. Sometimes the trouble spot is obvious to everyone in town but the doctor himself.

If your practice isn't growing as it should, maybe *you* have just one factor to blame. In my years of consulting, I've known literally dozens of cases where this was true.

In this article I'll tell you about eight of them. Each illustrates a common trouble spot. To protect the physicians I work with, I'll disguise all identifying details. Otherwise I'll tell the

THE AUTHOR *heads PM—Southeast, a professional management firm with headquarters in Southern Pines, N.C.*

stories exactly as they happened. One or more of them may provide a key to your own difficulties.

1. Wives Can Scare 'Em

Does your wife do any work in your office? If so, her presence may be losing patients for you, especially if you live in a small town. Why? People may fear she'll talk.

Take the case of a surgeon I'll call Dr. Kenyon. He's a very competent young man who was netting over $12,000 within a year after starting practice in a medium-sized Southern city. He and his pretty wife were also very popular bridge partners. But after three years, his net earnings had mounted to only $14,500 and showed no signs of rising further.

Dr. Kenyon had about concluded that people might like his bridge but didn't think much of his surgery. He was ready to move away when he and I started looking for the trouble.

We soon found it. The trouble was Cathy Kenyon.

To save money at the start, she had volunteered to act as her husband's secretary-receptionist. She'd proved so good at the job that she'd been doing it ever since. But even though patients liked her as a person, her presence in the office disturbed them.

"I had a woman a few weeks ago with a retracted nipple," one G.P. in the same town told me. "I was going to send her over to Dr. Kenyon. But she said it would be too embarrassing to have Cathy reading her medical history—and then maybe seeing her at a dinner party the next evening. So she went to the new fellow."

On the strength of several such remarks, Dr. Kenyon decided to experiment. His wife "retired" from the office and was replaced by an older woman of less social distinction. The next year, the doctor's net earnings reached $19,000; two years later, they reached $26,000.

So if you have your wife, or even too socially prominent an aide, working for you, maybe you should make a change.

2. Too Few Office Hours?

A startling number of doctors forget the obvious truth that patients won't come to your office unless you're there. One of my clients, a 43-year-old surgeon,

used to believe that the best place to acquire patients was at Rotary luncheons and on the golf course. So he held office hours only from 2 to 4 P.M. on Mondays, Wednesdays, and Fridays.

In his early days, six hours a week of office time had been plenty. But that was no longer true. Postoperative checks were using up nearly the whole time each week, with the result that his secretary was in effect turning patients away.

"Doctor can't see you until a week from Wednesday," she'd

investment tip

Small Profit in Big Speculations

● Twelve years ago, J. H. ("Jock") Whitney decided to invest $10,000,000 in speculative growth companies. J. H. Whitney & Co.—the organization formed to screen, invest, and supervise—now has thirteen partners. They include experts in engineering, production, law, finance, economics, marketing, sales, etc. They've now screened about 7,000 businesses that applied for financial assistance.

Of the 7,000, only fifty-one were deemed worthy of investment. In thirty-eight of these, the initial investment was $500,000 or less. Here's how these thirty-eight speculations had turned out as of December, 1958:

In fifteen, all or part of the investment was lost. In ten, the Whitney firm broke even or made a small inadequate profit. In thirteen, success was attained.

The successes were large enough to quadruple the Whitney firm's capital in twelve years. But even this profit is small in relation to the risks. Had the Whitney firm placed its funds in a cross-section of blue-chip stocks twelve years ago, they would probably have increased three-fold in value through 1958.

—RAYMOND TRIGGER

say. So a good many patients would decide to go where they could be seen sooner.

On my advice, the surgeon reluctantly agreed to raise his office time from six hours a week to twenty. Within a short time, he had nearly doubled his earnings. Might an increase in office hours do the same thing for you?

3. Patients Hate to Wait

It's possible to be so very much interested in medicine that you neglect the practice of it. Here's what I mean:

Dr. Boas is a brilliant G.P. who eats, breathes, and lives medicine. Every morning, he used to be making hospital rounds by 8 o'clock. Often he didn't get through with his last office patient until 8 at night. Yet his practice was actually shrinking.

The trouble was that he couldn't resist talking to his colleagues about their problems as well as his own. Theoretically, he was through hospital rounds at 9 A.M. and in his office by 9:30. Actually, though, he was always getting into a medical gab-fest with other staff doctors, or maybe spending an hour helping a nervous interne.

He'd come wandering—or rushing frantically—into his office around 11:30; and the long-suffering patients would be fuming. Even those who knew he was the best G.P. in the county were giving him up for lesser men who honored their appointment schedules.

The eventual solution we worked out for the doctor: His aide pages him at the hospital between 9:15 and 9:25 every morning. "Mrs. Clark is already here to see you," she'll say; and with a guilty grin he grabs his hat and runs. Lately, he has been seeing 30 per cent more patients —*and* getting home for dinner.

4. Only Medical Aid Wanted

Do you ever force your personal interests and pet opinions on your patients? It can drive them away. For example, take the case of an allergist I'll call Dr. Grey. Dr. Grey is a devoted physician. But he's an even more devoted churchman.

When you walked into his waiting room, the first thing you used to see was a huge picture of Christ on the cross. A matching picture hung in the doctor's consultation room. If you wanted something to [*More on 218*]

FAIRCHILD AERIAL SURVEYS, INC.

How to Get In on the Real Estate Boom

BY WILLIAM J. CASEY, LL.B.

Buy property? Sure—but WHERE? These facts on the four major forces generating real estate values today will help you pick tomorrow's best bets

A hundred years ago, the land outside my office window was sold by the acre. Twenty years ago, it was sold by the front foot. Now it's sold by the front inch.

Will real estate values ever rise like that again? No doubt they will. Between now and 1975, the United States will have to find room for 60,000,000 more people. Our soaring population will need land and buildings in which to live, to work, and to play. So every sign points to a coming real estate boom, perhaps the biggest in our history.

Want to carve out a piece of the boom for yourself, Doctor? If so, do it logically. Don't assume that any property anywhere is bound to pay off. Begin by asking yourself where tomorrow's best bets are most likely to lie.

Real estate opportunities are where you find them; and you

THE AUTHOR *is chairman of the Board of Editors of the Institute for Business Planning, Inc., New York City. The institute recently published his latest book, "Real Estate Investments and How to Make Them."*

can find them right around the corner—if you choose the right corner. But the really big profits will go to the man who rides along with the forces that generate real estate values. There are four major forces at work right now: cross-country population shifts; the flight to the suburbs; urban renewal; and the highway boom. Here's a general idea of how each of them might affect a chunk of property you buy in a given area:

1. Cross-country population shifts. Our country's on the move. Each year, one out of every fifteen people picks up and

SOME SUBURBS THAT WIL

		Est. 1955 Population	Est. 1975 Population	Per Cent Increase
NEW YORK	City	8,000,000	8,625,000	8%
	Suburbs	5,763,000	8,793,000	53
CHICAGO	City	3,789,000	4,165,000	10
	Suburbs	2,199,000	3,859,000	75
LOS ANGELES	City	2,250,000	3,340,000	48
	Suburbs	3,096,000	7,579,000	145
PHILADELPHIA	City	2,161,000	2,630,000	22
	Suburbs	1,924,000	3,315,000	72
DETROIT	City	1,902,000	1,980,000	4
	Suburbs	1,613,000	2,761,000	71
SAN FRANCISCO-OAKLAND	City	1,202,000	1,421,000	18
	Suburbs	1,442,000	3,915,000	171
CLEVELAND	City	908,000	900,000	–1
	Suburbs	721,000	1,479,000	105
MINNEAPOLIS-ST. PAUL	City	881,000	1,175,000	33
	Suburbs	327,000	619,000	89
ST. LOUIS	City	868,000	905,000	4
	Suburbs	969,000	1,631,000	68
WASHINGTON, D.C.	City	840,000	900,000	7
	Suburbs	1,000,000	1,840,000	84
BOSTON	City	814,000	814,000	0
	Suburbs	1,676,000	2,100,000	25
PITTSBURGH	City	677,000	677,000	0
	Suburbs	1,702,000	2,401,000	41

leaves for a different county. It's axiomatic that real estate values follow the population. If you know where the migrant millions are heading, you have one of the best guides to where the profits probably lie.

For example, all population projections show that we're following the sun. In twenty years, you can expect Florida to have around 6,700,000 people—nearly twice its present population. Southern California, Arizona, New Mexico, Nevada, and the Gulf states are experiencing similar high rates of growth.

The sun attracts tourists, new

OUTSTRIP THEIR CITIES

		Est. 1955 Population	Est. 1975 Population	Per Cent Increase
CINCINNATI	City	541,000	617,000	14%
	Suburbs	447,000	633,000	42
DALLAS	City	511,000	875,000	71
	Suburbs	249,000	725,000	191
KANSAS CITY, MO.	City	502,000	650,000	29
	Suburbs	435,000	725,000	67
DENVER	City	500,000	550,000	10
	Suburbs	210,000	455,000	117
COLUMBUS, OHIO	City	420,000	531,000	26
	Suburbs	162,000	278,000	72
PORTLAND, ORE.	City	412,000	589,000	43
	Suburbs	403,000	807,000	100
LOUISVILLE, KY.	City	403,000	563,000	40
	Suburbs	250,000	420,000	68
BIRMINGHAM, ALA.	City	351,000	409,000	17
	Suburbs	251,000	350,000	39
ROCHESTER, N.Y.	City	332,000	312,000	–6
	Suburbs	176,000	224,000	27
OKLAHOMA CITY	City	285,000	540,000	89
	Suburbs	105,000	213,000	103
OMAHA, NEB.	City	280,000	437,000	56
	Suburbs	120,000	147,000	23
DAYTON, OHIO	City	256,000	264,000	3
	Suburbs	238,000	510,000	114

residents, and industry. And it creates real estate opportunities as speculation in raw land, the development and improvement of land, the building of industrial properties, the subdividing of residential properties, etc. To illustrate what can happen when a new area becomes particularly attractive:

Five years ago, a certain Florida doctor bought an acre of land in the Keys for $500. His latest offer for the property: $6,000.

In 1950, some acreage near St. Petersburg sold for $7,500. Now it's worth nearly $90,000.

2. The flight to the suburbs. This is bound to continue—and to intensify. It has turned farmland into "junior estates" and

SOME CITIES THAT WILL OUTSTRIP THEIR SUBURBS

		Est. 1955 Population	Est. 1975 Population	Per Cent Increase
MEMPHIS, TENN.	City	445,000	800,000	80%
	Suburbs	110,000	130,000	18
TULSA, OKLA.	City	226,700	375,000	65
	Suburbs	51,700	85,000	64
AUSTIN, TEX.	City	178,900	326,000	82
	Suburbs	14,900	27,000	81
LITTLE ROCK, ARK.	City	164,000	305,000	86
	Suburbs	56,000	95,000	70
CHARLOTTE, N.C.	City	152,000	280,000	84
	Suburbs	77,000	120,000	56
PHOENIX, ARIZ.	City	140,700	330,000	134
	Suburbs	307,800	720,000	134
GREENSBORO-HIGH POINT, N.C.	City	128,000	183,000	43
	Suburbs	87,000	117,000	34
LUBBOCK, TEX.	City	123,000	249,000	102
	Suburbs	30,200	40,000	32
JACKSON, MISS.	City	110,400	200,000	81
	Suburbs	41,400	42,000	1
RALEIGH, N.C.	City	78,000	124,000	59
	Suburbs	70,000	81,000	16
WATERLOO, IOWA	City	70,300	97,200	38
	Suburbs	37,400	49,200	32

swamps into "industrial parks." A frequent result: vast profits to the foresighted investor in suburban property.

In a decade, an acre of land outside Detroit has jumped in value from $1,500 to $7,000; outside Denver, from $800 to $3,000; outside Los Angeles, from $1,500 to $10,000; outside Seattle, from $200 to $2,000. And so on.

You Need Imagination

You won't find it easy to spot good real estate values in the suburbs. As soon as the potential of a neighborhood becomes even slightly apparent, investors bid the price up. So a good deal of the land around our major cities is already pretty costly. But there are still plenty of "frontiers" for the man with imagination.

Can you look at a farm and let your imagination transform it into a summer resort? Can you think an exhausted coal mine into a housing development? Can you visualize a shopping center where there's now only a row of shanties?

Others have done it. And as they've done it, the suburbs—and the investors' fortunes—have grown.

Where will tomorrow's profits be made? Of the 60,000,000 more people our country will have by 1975, 40,000,000 are expected to settle in suburban areas. The table on pages 78-79 shows the projected flight to the suburbs in the twenty-four largest U.S. cities.

Don't Underrate Cities

3. Urban renewal. The great cities haven't taken the flight to the suburbs lying down. They're fighting back, aided by grants from the Federal Government. Many of them can be expected to make substantial gains in the years ahead. Run-down neighborhoods will be rehabilitated, congestion will be relieved, and downtown values *in some cities* will shoot up.

Two years ago, a Los Angeles doctor picked up a small city building for $30,000. He intended to turn it into a professional building. But he changed his mind when a buyer came along and offered him $60,000 for the property.

Where are the prospects for urban renewal best? The table on page 80 lists eleven cities that are expected to grow even *faster* than their sur- [*More on 208*]

THOSE NEW COMPACT CARS

Will they be what you want?

Fed up with 'gas-guzzling goliaths' and 'damnable fins'? If so, you've got company. In fact, 61 per cent of recently surveyed doctors say they may well buy one of the new small models. Here's what they want—and what they'll probably get

By Clifford F. Taylor

"You bet I'll be interested in a small car that's economical to run," says a G.P. in Lawton, Okla. "I'm fed up with my gadget-laden, gas-guzzling goliath."

"I want transportation, not adoration," snaps a surgeon in Garden City, Mich. "Give me a car, not a chrome monstrosity."

"If Detroit shows me a car

CONSERVATIVE ROUNDED LINES *and a more powerful engine than the others' are expected to be Chrysler Valiant's big selling points.*

that's cheap to buy, cheap to run, and can climb our hills, I'll buy it in a minute," vows a San Francisco pediatrician. Then he adds: "But not if it has those damnable fins."

The above comments illustrate the pent-up feelings that many doctors have apparently been harboring about their professionally used automobiles—both present and future. What brought their feelings out in the open was a new MEDICAL ECONOMICS survey, in the course of which six-hundred-odd practicing physicians answered the following question: Would you consider buying one of the new U.S.-built compact cars?

The question was prompted, of course, by the fact that Detroit's Big Three—Chrysler, Ford, and General Motors—will definitely have small economy cars on the market within the next few months. G.M.'s "Corvair" will be introduced by Chevrolet in October. Ford's "Falcon" is expected to go on sale a few weeks later. And Chrysler's "Valiant" should make its bow in December.

A remarkable 61 per cent of the surveyed doctors say they'll consider buying one of the new

MOST RADICAL *of the Big Three's compact cars will be General Motors' Corvair, which will have an air-cooled engine in the rear.*

compact cars. You might expect the majority to be men who practice in metropolitan areas, where big cars are generally a nuisance. Actually, three-fifths of them practice in small cities, suburbs, and rural communities.

Their answers indicate that many country doctors are as disillusioned with present cars as are their big-city colleagues. "I'll buy a compact car just to cut down on gas consumption," says a G.P. in Tekamah, Neb. Adds a Liberty, Pa., practitioner: "My Olds is just too much car. I'm definitely interested in a smaller car for its ease of handling and its economy."

The doctors who appear to be awaiting the U.S.-built compact car with the greatest interest cite one or more of these four main motives:

1. They want a car that's economical to buy and to run.

In view of the tax deductions that physicians can take on their cars, you might not expect economy to loom so large. Yet it's the most frequently cited consideration. A G.P. in Kittanning, Pa., offers this explanation:

"I have a Volkswagen that has meant a great saving in upkeep —far greater than any saving I could get in tax deductions on a larger car. I don't feel that the argument 'It's deductible' is valid in view of the high cost of op-

MORE CONVENTIONAL than the Corvair, less powerful than the Valiant, Ford Falcon's biggest asset may well be its Thunderbird styling.

erating today's typical American car."

Plenty of his colleagues agree. "Today's U.S. cars are prohibitively expensive for the short time they're serviceable," notes a Victoria, Tex., G.P. "I want a longer-lasting car at a reasonable price, with much more economical operating cost."

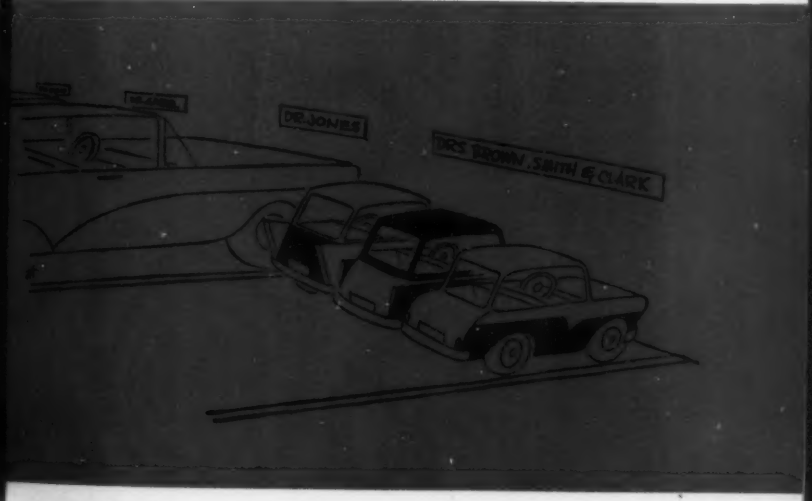
"With today's taxed dollar as small as it is," says a Denver man, "I can't afford a guest room in my home. Neither, then, can I afford the three empty seats and 1,000 pounds of extra weight in my present car."

2. They want a car that's easy to handle and to park.

"I'm not interested in driving a hundred teams of horses or making house calls in a Pullman," explains a Grand Rapids physician. "All I ask is a car that will get me back and forth without giving me a nervous breakdown."

The current parking headache was mentioned by doctors all across the country—an indication of the extent of the problem. "A car is no longer a prestige item for a physician who makes few house calls," says a Providence, R.I., neurosurgeon. "What I need is safe transportation with ease of city parking."

A Rockford, Ill., G.P. laments: "I don't want one of those little foreign cars. But I am getting



terribly tired of trying to park my big Dodge."

3. They want a car that's simple to service and repair.

The money and time required for servicing their present cars has many doctors ready to make a change. "It's bad enough to come out from a house call and find that someone has crumpled up your big ornamental fender," says an M.D. in Flushing, N.Y. "But what really hurts is the three or four days and small fortune it takes to have it straightened out."

A small Idaho town's lone G.P. speaks for a number of his colleagues when he says: "I'd have bought a small foreign car long ago, except that they're hard to get serviced in my area. If Detroit can match the better European makes, I'm a customer."

4. They're so pleased with their present U.S. compact car that they'll gladly buy another.

"I own a '58 Rebel Rambler and love it," says a Newport, Ore., G.P. "It's economical, and it handles like a dream in traffic."

"I bought a Studebaker Lark for my wife," a Chicago radiologist reports. "It's inexpensive to run, and she's crazy about it."

A Two Harbors, Minn., doctor says: "I've had my Rambler American for three weeks. Unless the Big Three can show me

What Will the Compact Cars Be Like?

1. Will they cost as little as the least expensive foreign cars?

No. Prices for the Detroit product won't be much below those for present lower-priced Fords, Chevrolets, and Plymouths. American small cars won't compete in price with bantamweight European imports that can be bought for $1,400 to $1,600. The cost of a Corvair, Falcon, or Valiant will probably be around $2,000.

2. Will they be as economical to run as smaller foreign cars?

No. Their six-cylinder engines will eat up more gas than the

something better, I'll get another as a second car."

The most glowing endorsement of a compact car comes from a G.P. in Whittier, Calif. "A year ago, I gave my Buick to my son-in-law and bought a Rambler," he says. "At the same time, I bought 100 shares of American Motors. It's hard to say which delights me more."

From the above comments, it would seem that Detroit has a ready-made market among physicians for the new cars. But most of the doctors aren't ready to buy sight unseen. Mingled with their gripes about the cars they now own, there's a healthy skepticism as to whether the Big Three will offer much of an improvement. As a St. Louis man puts it: "I come from the 'Show Me' state. And they'll have to show me before I buy."

Not even showing them will produce a bill of sale with 39 per cent of the surveyed men. "I don't like compact cars," a San Francisco ophthalmologist states serenely. "I love Cadillacs."

Others among the surveyed doctors who say they won't consider buying one of the small cars base their reasons more on logic than on love. The three reasons most frequently given:

1. They like the comfort and luxuries of their present U.S. cars.

More▶

four-cylinder imports. But advance reports indicate they'll give at least twenty miles to the gallon in city driving, five more on the highway.

3. Will they be as small as the low-priced foreign imports?

No. Wheelbases will range from 106 to 110 inches; and overall lengths will be about 180 (as compared with Volkswagen's 160 inches). Weight will be about 2,500 pounds—1,000 pounds more than a Volkswagen, but about one-third less than present Chevrolets, Fords, and Plymouths.

4. Will they be more powerful than the small foreign cars?

Yes. They'll have around 90-110 horsepower as compared with the 32 to 55 horsepower of most small foreign cars. They

"Small cars are hot, uncomfortable, and too crowded for the family," says an EENT man in Gainesville, Tex. "I want a big, easy-riding car with all the trimmings."

A G.P. in Morristown, N.J., points out that for a doctor the "trimmings" aren't necessarily a luxury: "When you spend three or four hours a day in a car, air conditioning and power accessories are a boon."

A surgeon in Muskegon, Mich., manages to restrain his enthusiasm for his present car while making his point: "If, as in present U.S. cars, the workmanship is poor and the price too high, the only new feature in a compact car will be an aching back."

2. They consider small cars unsafe for U.S. highway driving.

"A really small car's lack of power makes it a highway hazard," says a New Orleans internist. "If I get in a tight spot in fast traffic, I want a car that can pull me out of it."

A few of the surveyed doctors base their objections on actual experience. "My life was saved by being in a solidly built Buick when I was hit by another car," an Evanston, Ill., doctor reports. "A small car would have been demolished."

A Pittsburgh surgeon says: "Have you ever seen a Volks-

will cruise comfortably at 60 m.p.h. and climb hills with ease.

5. Will they be roomy enough for comfort? Sturdy enough for safety?

The answer to both questions is yes. The new compact cars will seat six passengers comfortably and will have adequate luggage room. They'll be heavier and more rugged than most small foreign cars. And they'll be built with a unit frame, the body and chassis being an integrated whole. (Most U.S. cars of the Big Three now have chassis bolted to the body.)

6. Will they be truly new cars? Or simply scaled-down versions of the present low-priced three?

While they'll be marketed as the lowest-priced versions of Chevrolet, Ford, and Plymouth, they'll be new cars of original

wagen after a big car hits it? I have. I'll stick to my Oldsmobile."

3. They have personal reasons for finding a small car impractical.

"My family could get along with a compact car all right," says a doctor in Independence, Mo. "But it wouldn't go over with my Boy Scout troop."

"I'm six feet four, and I weigh 240," says a Norfolk, Va., physician. "I'd look real cute in a baby car!"

A G.P. in Miami, Fla., sees another problem: "Maybe I *could* squeeze my family of eight into one. But what about the dog?"

Some of the most interesting slants on a U.S. compact car come from doctors who now drive small foreign makes. Fifty-four such doctors turned up in the cross-section surveyed. Twenty-two of these men say they'll consider a Detroit product if it measures up to what they've now got. The remaining thirty-two simply aren't interested. Reason: Without exception, they're sold on the car they have.

"I drive a Volkswagen and am completely happy with it," says an internist in Jacksonville, Fla. "When I need another car, I'll buy the same."

Comments a Navy doctor who's now stationed in Pensacola: "Foreign [*More on 228*]

design. Most radical will be General Motors' Corvair, with an air-cooled aluminum engine in the rear.

7. What will they offer in the way of luxury features?

They'll offer a choice of transmission: regular, automatic, or overdrive. Factory-installed air conditioning isn't expected. Power steering, brakes, seats, and windows? They're still a trade secret, but power accessories aren't expected.

8. Will the Big Three's lack of experience in making such cars mean plenty of "bugs" in first models?

Ford builds the Taunus in Germany, the Prefect, Anglia, Consul, Zephyr, and Zodiac in England. G.M. builds the Vauxhall in England, the Opel in West Germany, the Holden in Australia. Chrysler has a big interest in Simca, the French car. So auto experts aren't expecting many initial "bugs."

Family Practice in the Shadow of the

Here's the success story of a G.P. who has parlayed a small practice in Rochester, Minn., into a thriving medical group

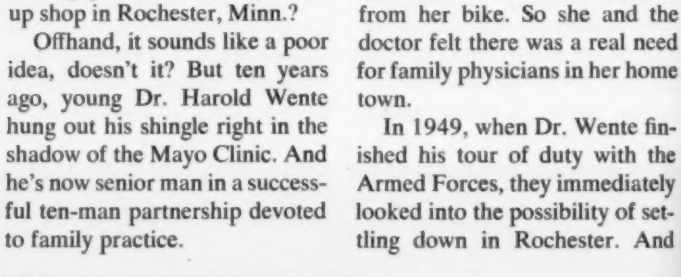
BY LOIS R. CHEVALIER

If you were a young G.P. beginning practice, would you set up shop in Rochester, Minn.?

Offhand, it sounds like a poor idea, doesn't it? But ten years ago, young Dr. Harold Wente hung out his shingle right in the shadow of the Mayo Clinic. And he's now senior man in a successful ten-man partnership devoted to family practice.

What led Dr. Wente to set up practice in Rochester? It wasn't a decision out of the blue. His wife is a Rochester girl. As a child, she used to have to sit for hours in one of the vast Mayo Clinic waiting rooms whenever she had an earache or a tumble from her bike. So she and the doctor felt there was a real need for family physicians in her home town.

In 1949, when Dr. Wente finished his tour of duty with the Armed Forces, they immediately looked into the possibility of settling down in Rochester. And

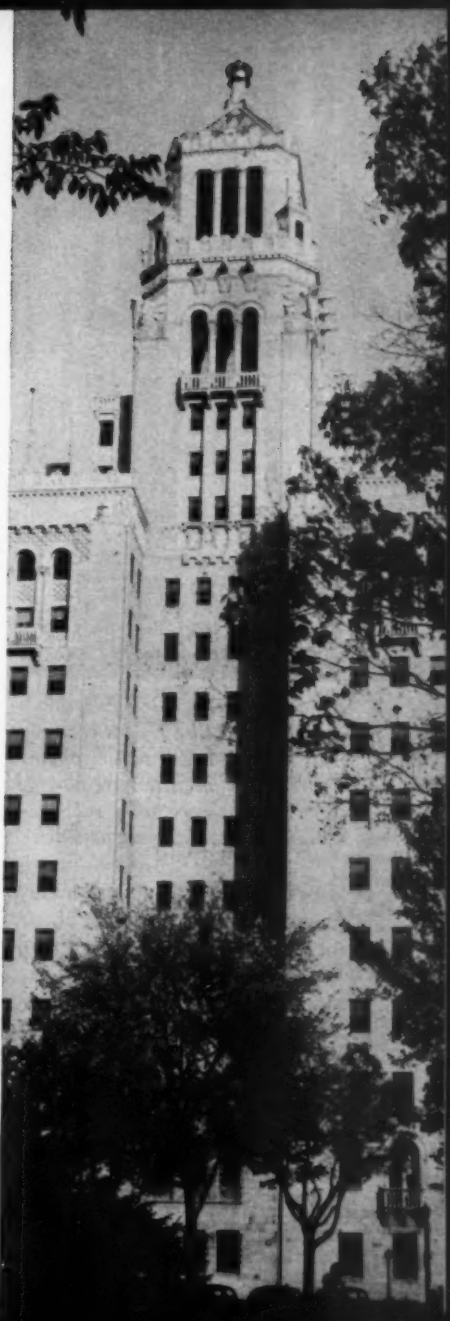


of the Mayo Clinic

they soon realized that the townspeople longed for family doctors, much as they respected the great clinic in their midst.

"Here were 40,000 people who'd never had more than three or four family doctors, sometimes only one or two," Dr. Wente recalls. "What's more, the population was growing in big spurts with the coming of new industry. I liked the place. Its people are cultivated. Its schools are wonderful. And it's certainly a uniquely stimulating community for a medical man."

But there was a big stumbling



THE MAYO CLINIC *buildings look like towering skyscrapers rising from the Minnesota prairies. Dr. Wente's family-practice group is housed in an earth-hugging building that's had several horizontal additions in the years of his group's steady growth. Right now, Dr. Wente is more cramped for space than the Mayo Clinic is.*

HAROLD WENTE, M.D., *is pioneering a new branch office for his group in Rochester's Miracle Mile shopping center. New industries are moving into Rochester, bringing suburban developments and more patients.*

block in the path of any family doctor who wanted to get ahead in the town. It wasn't the Mayo Clinic as such. "We welcome family doctors," said one clinic spokesman. "We don't want to be a medical monopoly." But the clinic did have all the 1,400 hospital beds in Rochester reserved for its own use. So if a local citizen chose not to be a Mayo Clinic patient, he had to go thirty or more miles to a hospital.

By 1949, however, prospects were brightening for nonclinic people—chiefly as a result of the unselfish activities of a former Mayo Clinic man, Dr. William Braasch, retired chief of urology at the clinic. Dr. Braasch was spearheading a drive to get a community hospital built, so that family practice would have a chance in Rochester. Dr. Wente knew that such an institution would make all the difference in the world. So he took the gamble and set up practice in the town.

It was hard going—not for months, but for years. In spite of Dr. Braasch's efforts, the hospital was a long time a-building. Harold Wente and his supporters got so discouraged at one point that some of them almost considered trying to induce the State Legislature to outlaw closed staffs.

But Dr. Wente has an abundance of energy and optimism. With the odds seemingly against him, and with no hospital to practice in, he gradually built up a practice. Eventually, he was even able to take on a partner: James R. Doyle, also a G.P.

In mid-1955, the community hospital finally opened. And Dr. Wente's practice began to grow like a morning glory. Soon he and Dr. Doyle took in another G.P. as a partner. Before long they'd added an OB/Gyn. man, two surgeons, an internist, and a part-time ophthalmologist to their group.

Says Dr. Wente: "We were the nucleus of a hospital staff—the staff of the Olmsted Community Hospital. As such, we wanted to make sure we could handle the problems that a good hospital staff should handle. So we needed specialists as well as G.P.s in our partnership."

The growth of Harold Wente's group has benefited all of Olmsted County. The G.P.s who serve the smaller country towns throughout the county used to have to send their patients either to the Mayo Clinic or to such out-of-county towns as Winona, Red Wing, and Owatonna. But now listen to what Dr. A. F. Risser of near-by Stewartville says:

"Most of my patients want to stay with me, even though they may need some complicated procedure I don't usually do. I used to have to hospitalize them forty miles away. Or else I'd have to refer them to the Mayo Clinic and at least temporarily sever my connection with them.

"Now I put them in the Olmsted Community Hospital and refer them to Dr. Wente's partners if they need a specialist's help. For the first time, we've got a real medical community of our own."

Clinic Welcomed Them

And the Mayo Clinic has smiled benignly on Dr. Wente's group. The doctor and his partners have a standing invitation to use the clinic's library and to attend its clinical meetings. In addition, all physicians of the Olmsted Community Hospital know they can call on Mayo Clinic radiologists or pathologists for difficult interpretations or emergency diagnoses. In other words, relations between the giant and its little neighbor are fine.

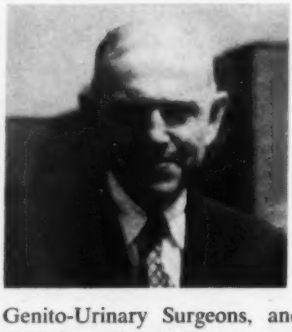
"Even with our own board men, we have cases we want to refer. But we have no problem deciding where to send them," Dr. Wente observes. "For that matter, one of my own children owes her life to the Mayo Clinic. They did a difficult direct transfusion procedure on her when she was first born. We were glad

to have them down the street."

Group practice of medicine has such prestige in Minnesota that Dr. Wente and his partners automatically selected "The Olmsted Medical Group" as a name for themselves. All the G.P.s in the group have different philosophies of practice; but there seems to be plenty of room for individualism.

Dr. Wente himself functions much as does an internist, for example. But one of his partners, Dr. John E. Verby, maintains that the general practitioner in Rochester ought to do everything possible to counteract the trend

MEET THE MAYO SPECIALIST WH



A former chief of urology at the Mayo Clinic, Dr. William Braasch, deserves much of the credit for Harold Wente's success as a non-Mayo man in Rochester, Minn., according to Dr. Wente himself. When Dr. Braasch retired some years ago, he had already had a full share of honors. He'd headed his state medical association, the Clinical Society of Genito-Urinary Surgeons, and the urology section of the A.M.A.; and he'd been a member of the A.M.A. board of trustees. But he wasn't content to sit back and vegetate.

"Once a doctor retires from practice, he ought to think about doing some service for his community," says Dr. Braasch. "So when one of my neighbors told me he wished he could have a family doctor, as other people in towns this size have, I decided to do what I could about the problem."

Of course, the Mayo Clinic had leaned down from Mount Olympus to take care of many an ingrown toenail and sore throat for the local population. "But," as William Braasch explains it, "the Rochester people didn't really have free choice,

toward specialism that's so strongly encouraged by the Mayo Clinic. In line with this conviction, he gets a surgical colleague to give him an annual review of the steps in performing, say, a tracheotomy, although he's never had occasion to do one.

"It's my responsibility to be able to do almost anything, if necessary," says Dr. Verby.

The specialist-partners seem to have found what they want, too. One of them says: "This is the right arrangement for me. I have more security than I could have in solo practice. Plus a bigger practice and more independ-

WENT ALL-OUT FOR FAMILY DOCTORS

because family doctors won't settle where there aren't hospital beds available. What we needed was a community hospital—and I set out to get us one."

Building a community hospital in the smaller cities of Minnesota usually means floating a bond issue. So that's what was done in Olmsted County. When the $750,000 bond issue was put on the ballot in 1947, Dr. and Mrs. Braasch got busy and stumped the county. They went to American Legion meetings, union meetings, grange meetings. They spoke at churches and clubs. They leaned over fences and talked to farmers at their fall plowing. They buttonholed families in the general stores.

"I'd never done anything like that before," says Dr. Braasch, who's a tall, dignified physician of the old school. "But I actually enjoyed it."

Thanks largely to his efforts, the bond issue passed by an overwhelming majority. But it took several years of patient negotiations to agree on a site for the new institution and to solve half a dozen other problems. During all the slow years, Dr. Braasch worked tirelessly for his pet project.

Today, all Rochester recognizes him as the proud father of the fifty-five bed Olmsted Community Hospital. He still serves as president of its board of directors. "It's a first-class hospital," he says happily. "Yet the specialists don't dominate it."

ence than I'd have if I'd gone into a big group like the Mayo Clinic."

After a year on salary and a period of grading up, the partners arrive at the stage where they share equally in the group's income. They have an enterprising young business manager; and they have thirty aides and office workers to do all the nonmedical chores connected with seeing from 200 to 225 patients a day.

"Plans for the future?" Dr. Wente smiles his big, confident smile. "Well, we need more office space. Some day, too, we may add a couple more specialists. But we don't want to get too big. We're not competing with the Mayo Clinic. Except, of course, that since they're right down the street, we can't afford to miss a diagnosis very often." END

practice pointer

Good Question For Your Aide

● While visiting a doctor's office some time ago, I heard his aide say something on the phone that seemed very effective to me. Since then, I've recommended the phrase to many other aides. Without exception, they've found it has spared the doctor much wasted time on the phone. Here's the leading question they put to telephone callers who ask for the doctor:

"I'm sorry, Mrs. Jones, but he can't leave the patient he's with right now. *Is there anything you want me to ask him?*"

In my observation, this question gets a better response than the more usual "May I help you?" or "May I give the doctor a message?" It makes the caller come directly to the point. If it's something the aide can handle, she does so—and spares the doctor a telephone call. If not, she relays the caller's specific questions to the doctor. This saves him a few minutes on every return call.

—BEN L. LOVENTHAL

At no cost to you:
A Big Fringe Benefit for Your Aide

BY RALPH M. LEESER

"I like your new aide," I told Dr. Bonham as he unwrapped the blood pressure cuff from my arm.

"So do I," he said. "I wish I could afford to give her all sorts of fringe benefits, to keep her from leaving me for a plushier job." He smiled. "If *you* like her so much, why don't you give me a life insurance policy for her—one that won't cost me anything?"

"Don't laugh," I answered as I buttoned my shirt sleeve. "I can do almost that. Have you ever heard of 'split dollar' insurance?"

He shook his head, so I went on: "It's a relatively new kind of arrangement, usually set up by corporations as an employe benefit for their key men. Not many individuals have tried it yet, but there's no reason they shouldn't. Want me to tell you about it?"

Dr. Bonham checked to make sure his waiting room was clear. Then he sat down. "I've got about ten minutes," he said. "Now, what's this thing you're talking about?"

"Split dollar isn't a new kind of insurance; it's a new way of paying for it. To put it very simply, you and your aide split both the premiums and the benefits. In the long run, the arrangement costs you nothing—and gains you nothing but your aide's grati-

THE AUTHOR, *an attorney and Chartered Life Underwriter, is a consultant for the New York Life Insurance Company.*

tude. Meanwhile, she gets substantial life insurance protection almost for free."

Dr. Bonham looked skeptical. "Where's the joker?"

"Believe it or not, there isn't any," I replied. "Let me explain exactly how the plan works.

Doctor Owns the Policy

"To begin with, you take out an insurance policy on your aide's life, designating yourself as the owner of the policy. It can be any kind of permanent contract, for any amount, as long as it has a cash value that keeps growing. Your share of each year's premium is the amount the cash value rises that year. Your aide pays the rest. For example:

"Let's suppose that at the beginning of a given year the cash value of the policy is zero; at the end of that year it's $100. So you'll advance $100 toward that year's premium. Then, if the cash value goes up to $250 the next year, you'll lay out another $150. In each of the years, your aide must make up the difference between what you pay and the total annual premium."

"Sounds clear enough," said Dr. Bonham. "But it doesn't sound 'almost free' for either my aide or me. Take me, for instance. I'll be advancing the entire cash value of the policy. In a few years that could run into thousands of dollars."

"Right. But sooner or later you're sure to get it back. Reason: The policy will name you as beneficiary of the cash value. So if your aide dies, you get back every cent you've paid out."

"What if she doesn't die?" the doctor asked. "What if she just ups and quits?"

"You'll get your money anyway," I answered. "You're the owner of the policy, remember. All you need do is drop the contract, and the company will send you a check for the cash value. Or else you can sell the policy to your aide for its cash value. Either way, your part in the deal is finished—and you haven't lost a cent.

It Helps Hold Employes

"But the best thing about a split-dollar insurance arrangement is that it gives the aide a good reason *not* to quit her job. The moment she leaves you, she either loses her coverage or has to put up quite a lot of cash in order to keep it."

"I see," said Dr. Bonham.

"It's as if I were to make an interest-free loan to the girl, repayable whenever she dies or quits. But I still don't see why it's such a good deal for her."

I reached for a sheet of paper. "You'll understand why if I rough out a cost schedule for you," I said. "Let's see what her payments would amount to over a ten-year period."

Dr. Bonham gave me the vital statistics I needed. His aide was 30 years old, and the doctor thought he'd rather like to buy her a $10,000 ordinary life policy. With those facts in mind, I quickly drew up a schedule of how the split-dollar plan would work out during the next ten years (see the chart below).

As the doctor studied the figures, I explained how I'd arrived at them:

"The first year, there's no cash value; so your aide has to pay the full premium of $202. But then look what happens. With the cash value up to $150 in the second year, you advance $150 toward the premium; so she'll be responsible for only $52 of it. The third year, her coverage will cost her only $3, because the pol-

HOW 'SPLIT DOLLAR' LIFE INSURANCE WORKS*

Year	The doctor pays:	The aide pays:	If the aide dies	
			The doctor gets the cash value:	The aide's family gets the rest:
1	—	$202	—	$10,000
2	$150	52	$ 150	9,850
3	180	3	330	9,670
4	180	—	510	9,490
5	178	—	690	9,310
6	176	—	880	9,120
7	173	—	1,070	8,930
8	160	—	1,230	8,770
9	160	—	1,390	8,610
10	160	—	1,550	8,450

*Figures are based on rates charged by one company for a $10,000 ordinary life policy on a person 30 years old. See text for details.

icy now starts to pay dividends in addition to building up a cash value. From the fourth year on, it costs her exactly nothing to remain insured."

"Now let me get this straight," said the doctor. "The coverage costs *me* nothing, since I get my money back. After a very short time, it costs *her* nothing. There must be a catch. What is it?"

I laughed. "There's no catch. But there *are* two aspects of split-dollar insurance that you should think about before entering upon such an arrangement. The first has to do with death benefits. Obviously, the longer the policy's in force, the less it will actually pay to your aide's beneficiaries.

"In other words, the money you get back when the aide dies

Radiologis

The fascinating potentiality of plaster

BY BENJAMIN FELSON, M.D.

In the year 1943, while D-Day preparations were feverishly being made, a small incident took place in an Army general hospital located in the English countryside. As one looks back in proper perspective, it carries no significance; there is no impressive moral. But at the time, for one individual, it eclipsed the war itself and plunged him into the profoundest despair.

Our medical unit had recently

is subtracted from the face amount of the insurance. So if she dies at the end of the fifth year, for example, her family will get only $9,310 ($10,000 minus the $690 that's due you). If she dies after ten years, her family's share of the benefits is down to $8,450."

"Well, that's not too terrible," said the doctor. "At the worst, they're bound to get a few thousand dollars."

I nodded. "But from your standpoint," I went on, "the second aspect of the plan may be more of a drawback. It's simply this: You're committing yourself to shell out money every year, with the chance of not getting it back for a very long time. And don't forget the [*More on 203*]

n the Rocks

aris as a gastrointestinal contrast medium

moved into a new British-built hospital of the pavilion type, constructed with *ersatz* material. To our dismay we found many light-leaks in the walls of the X-ray darkroom. It seemed simple and logical to borrow some powdered plaster of paris from the nearby neighborly orthopedics department. It seemed even more simple and logical to transfer the plaster of paris from its paper container into an empty barium tin. We were proud of our newfound prowess as plasterers, particularly so when our darkroom's blackness reached totality.

The job completed, the plaster of paris, plainly labeled "barium sulphate," was set aside for future use. It was inevitable that it should later find its way to the barium shelf, and from there inexorably into the interior of four unwitting soldiers.

Fluoroscopy that momentous morning began in a routine fashion. The first patient, a private first class, swallowed the first mouthful without comment. As

it entered the stomach it did not appear to me to be sufficiently radiopaque. I inquired of the patient whether he had had breakfast, and he admitted to a small swallow of water one hour before. I then instructed the corpsman-technician to add more powder to the mixture. He did. This time the swallowed contrast appeared satisfactorily opaque and the examination was completed, with no abnormalities found.

The second patient, a highly nervous Air Force captain, could hardly get the fluid down. I encouraged him by saying that I poured it on my cereal each morning (I eat eggs). Again the first swallow appeared a bit too radiolucent, so I instructed the corpsman to "sweeten it up." I even had the ampere and voltage meter settings checked to see if they were adequate. The captain complained of faintness during the examination, so it was completed in the recumbent position. No abnormalities were seen.

With the third patient, another officer, I encountered the same difficulties and arrived at the same results, a normal but not

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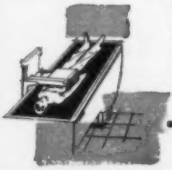

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soul-satisfying study. When even an enlisted man, the fourth patient, complained of the taste, it was obvious that something was amiss.

I tasted the liquid, retched, and promptly dismissed the patient. Investigation of the barium tin revealed a coarse and gritty powder that smacked faintly of iodine. It was quickly determined that the stuff was plaster of paris.

I informed the chief of medicine. His guffaws elicited from me a wan but hopeful smile. This feeling of relief was quickly dispelled by the chief of surgery, who countered with the somber question, "What if the plaster sets?"

A scientific approach to the problem seemed in order. So some of the powdered plaster was poured into a beaker containing water. [*More on 204*]

"I *am*?"

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New areas of therapy

NIAMID is clinically effective in a broad range of depressive states, including: involutional melancholia, senile depression, postpartum depression, reactive depression, the depressive stage of manic-depressive disease, and schizophrenic depressive reaction.

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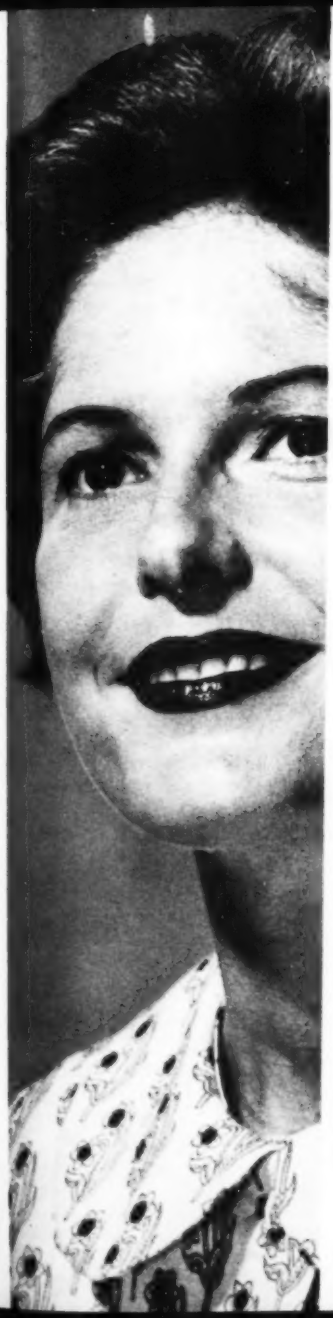
NIAMID is also strikingly effective for many complaints, mild or severe, vague or well defined, when due to masked depression rather than to organic disease. This masked depression may take the form of guilt feelings, crying spells or sadness, difficulty in concentration, loss of energy or drive, insomnia, emotional fatigue, feelings of hopelessness or helplessness, loss of interest in normal activity, listlessness, apprehension or agitation, and loss of appetite and weight.

While tranquilizers have had some measure of effectiveness in many of these areas, NIAMID now gives the practicing physician a new, safe drug for the specific treatment of depression without the risk of increasing the depressive symptoms.

New safety

The outstanding safety of NIAMID in extensive clinical trials eliminates the hepatotoxic reactions observed with the first of the monoamine oxidase inhibitors. These reactions have not been seen with NIAMID.

Acute and chronic toxicity studies show this distinctive freedom from toxicity.



Moreover, during the extensive clinical trials of NIAMID by a large number of investigators, not only has no liver damage been reported, but only in a very few isolated instances have hypotensive effects been seen.

The absence of toxicity may be the result of the unique carboxamide group in the NIAMID molecule. This structure may explain why NIAMID is excreted largely unchanged in the urine, with only insignificant quantities of potentially free hydrazine being formed. Previously, where a monoamine oxidase inhibitor had been associated with hepatic toxicity, there was some evidence that substantial quantities of free hydrazine were formed in the body.

Background of NIAMID

A major advance in the treatment of mental depression came with a newer understanding of the influence of brain serotonin and norepinephrine on the mood. Levels of both these neurohormones are decreased in animals under experimental conditions analogous to depression; relief of these model depressions is seen with a rise in the levels of both serotonin and norepinephrine.

A second advance came with the development of monoamine oxidase inhibitors, substances which raise the cerebral level of both serotonin and norepinephrine. The first of the amine oxidase inhibitors raised the cerebral level of serotonin, but did not appear to raise norepinephrine proportionately.

Attention at Pfizer Research was then directed to a new drug that would overcome this disadvantage. NIAMID significantly raises the cerebral level of *both* serotonin and norepinephrine under experimental conditions.

The dramatic discovery of NIAMID now makes available an extremely effective, safe antidepressant for the successful treatment of a full range of depressive states.

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Dosage and Administration

Start with 75 mg. daily in single or divided doses. After a week or more, revise the daily dosage upward or downward, depending upon the response and tolerance, in steps of one or one-half 25 mg. tablet. Once satisfactory response has been attained, the dosage of NIAMID may be reduced gradually to the maintenance level.

The therapeutic action of NIAMID is gradual, not immediate. Many patients respond within a few days, others satisfactorily in 7 to 14 days. Some patients, particularly chronically depressed or regressed psychotics, may need substantially higher dosages (as much as 200 mg. daily has been used) and prolonged administration before responses are achieved.

Precautions

Side effects are most often minor and mild manifestations of central nervous system stimulation, modifiable by reduction in dosage; these may take the form of restlessness, insomnia, headache, weakness, vertigo, dry mouth, and perspiration. Care should be taken when NIAMID is used with chlorothiazide compounds, since hypotensive effects have been noted in some patients receiving combined therapy—even though hypotension has rarely been noted with NIAMID alone. There has been no evidence of liver damage in patients on NIAMID; however, in patients who have any history of liver disease, the possibility of hepatic reactions should be kept in mind.

Supply

NIAMID is available in: 25 mg., pink, scored tablets in bottles of 100; and 100 mg., orange, scored tablets in bottles of 100.

References

Complete bibliography and Professional Information Booklet are available on request.

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These Doctors Sued Their Hospitals — And Won

This analysis of court cases dealing with loss of hospital privileges proves you have more legal rights than you may realize

BY HUGH C. SHERWOOD

On Feb. 16, 1954, Dr. Morris Joseph, a surgeon in Passaic, N.J., was denied reappointment to the emeritus staff of the Passaic General Hospital and barred from further use of the hospital's facilities. In its letter advising the doctor of his dismissal, the hospital gave no reason for its decision. But, according to a court of law that later reviewed the incident, the hospital was prompted in part by the fact that Dr. Joseph had complained to his state medical society about certain hospital practices.

A few months after his dismissal, Dr. Joseph filed suit to get his hospital privileges back. The New Jersey Superior Court denied his plea. But the surgeon appealed. This past April, a higher court ruled he'd been ousted illegally and gave this reason:

The constitution of the Passaic General Hospital reads: "Before a man fails of reappointment, he shall be given an opportunity to be heard by the Board of Governors if he so desires." Dr. Joseph had so desired. And he'd made his desire known. Because the hospital had failed to satisfy it, the court ruled the institution's ouster of the surgeon "null for want of a hearing in accordance with the [hospital's] basic law."

The Passaic surgeon is only

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...habitual abortion

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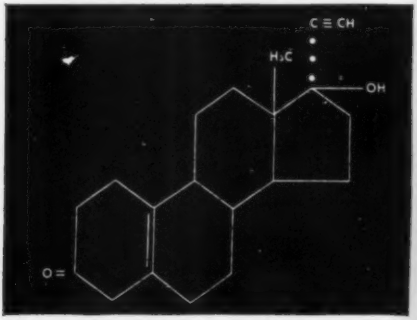

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6. Is not androgenic[3] in clinical practice.

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one of many physicians who have successfully sued their hospitals over loss of privileges. But his case is particularly illuminating because it points up one of the two main reasons why doctors often win such suits: In denying the physician privileges, the hospital has violated its own constitution and bylaws.

A Rule Is a Rule

It's well established that if a hospital reserves the right to deny a physician privileges summarily, an ousted doctor has no legal comeback. But when an institution's regulations require it to follow certain procedures in making dismissals, courts will force the hospital to abide by its rules. They'll do so in the case of nonprofit and proprietary, as well as public, institutions. As Emanuel Hayt, legal counsel for the Hospital Association of New York, puts it:

"A physician's appointment to a hospital staff and the privileges extended to him cannot be abrogated arbitrarily, unless the bylaws of the hospital so provide."

It's Worth Remembering

That's the first rule to bear in mind if you ever face loss of privileges, or if your hospital staff considers ousting one of your

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colleagues. Let's look at a couple of other cases where the courts have applied the rule:

Some years ago, four influential physicians attached to the Emergency Hospital in Easton, Md., pushed through a special resolution barring all doctors the resolution didn't name from using the hospital for surgery. Among the men not named was a Dr. James A. Stevens, who'd helped found and finance the hospital.

He took the matter to court. The court ruled that, in view of its constitution, the hospital had no right to pass such a resolution or to make it effective. Whereupon the hospital amended its constitution so as to bar any doctor from using the hospital without the consent of the board of directors. Once more, Dr. Stevens was out in the cold.

More Rules Broken

And once more, he took his case to court. Among other things, he pointed out, the hospital's constitution laid down certain requirements about amendments. To be valid, an amendment had to be approved by two-thirds of the members of the hospital corporation who attended the meeting at which the amendment was passed. Furthermore,

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thirty days' public notice had to be given, both of the proposed amendment and of the time and place of the meeting.

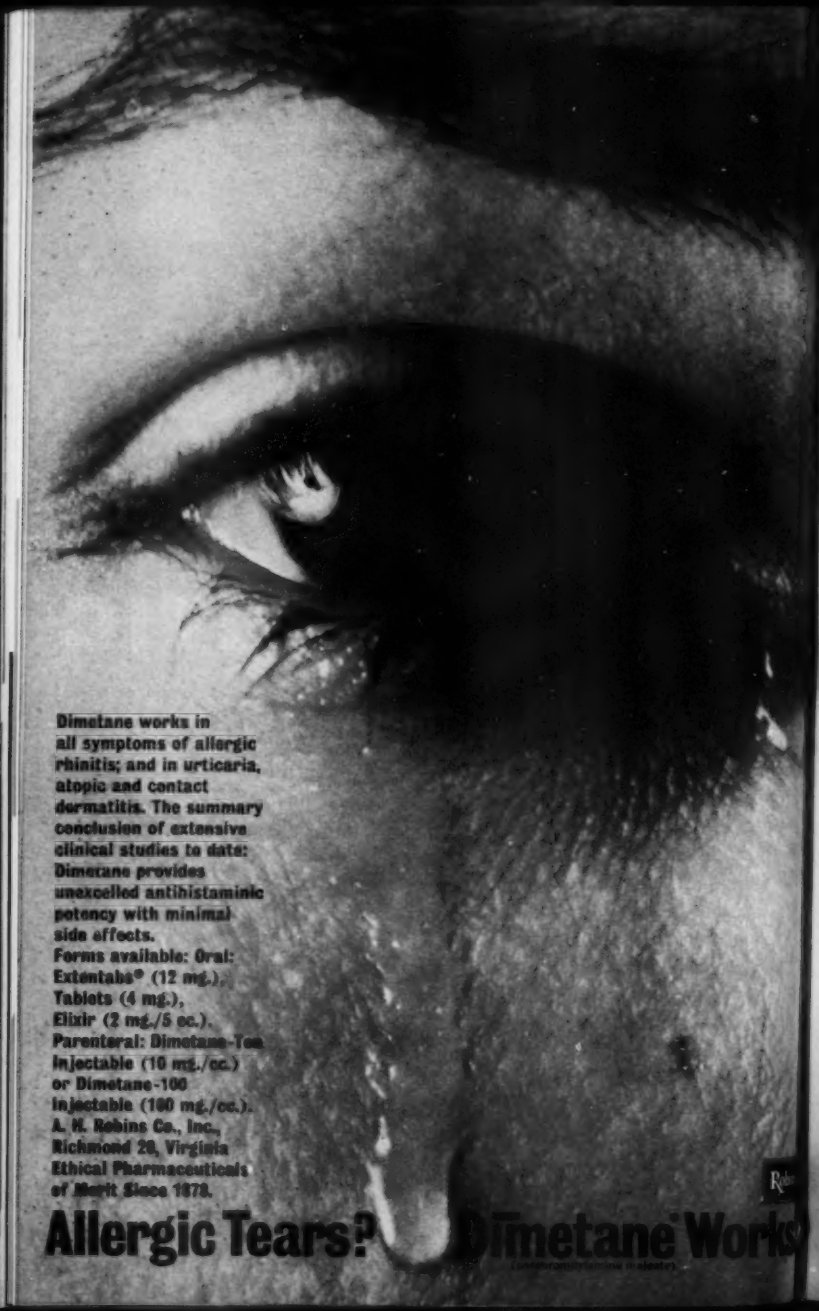
The court found that the meeting itself had been duly publicized. But it also found that no notice had been given of the amendment. Because of this and other irregularities, the amendment was ruled invalid. So Dr. Stevens won his case.

Did he win on a technicality? Yes, he evidently did. But that's no reason to underestimate his victory. Says Milton Tolmach, a New York City attorney who specializes in medical law:

The Law Protects You

"In the final analysis, the precedents of the law, refined through experience and changing circumstances, add up to the individual citizen's warranty of justice. The same holds true of the lone M.D. fighting for his professional status in a hospital."

In another case, a large nonprofit hospital once dismissed a physician because he'd published an article containing unflattering remarks about its trustees. When the trustees gave the doctor a chance to retract his statements, he refused. Instead, he told them they were "in politics and dishonest." *More*▶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Allergic Tears?
Dimetane Works

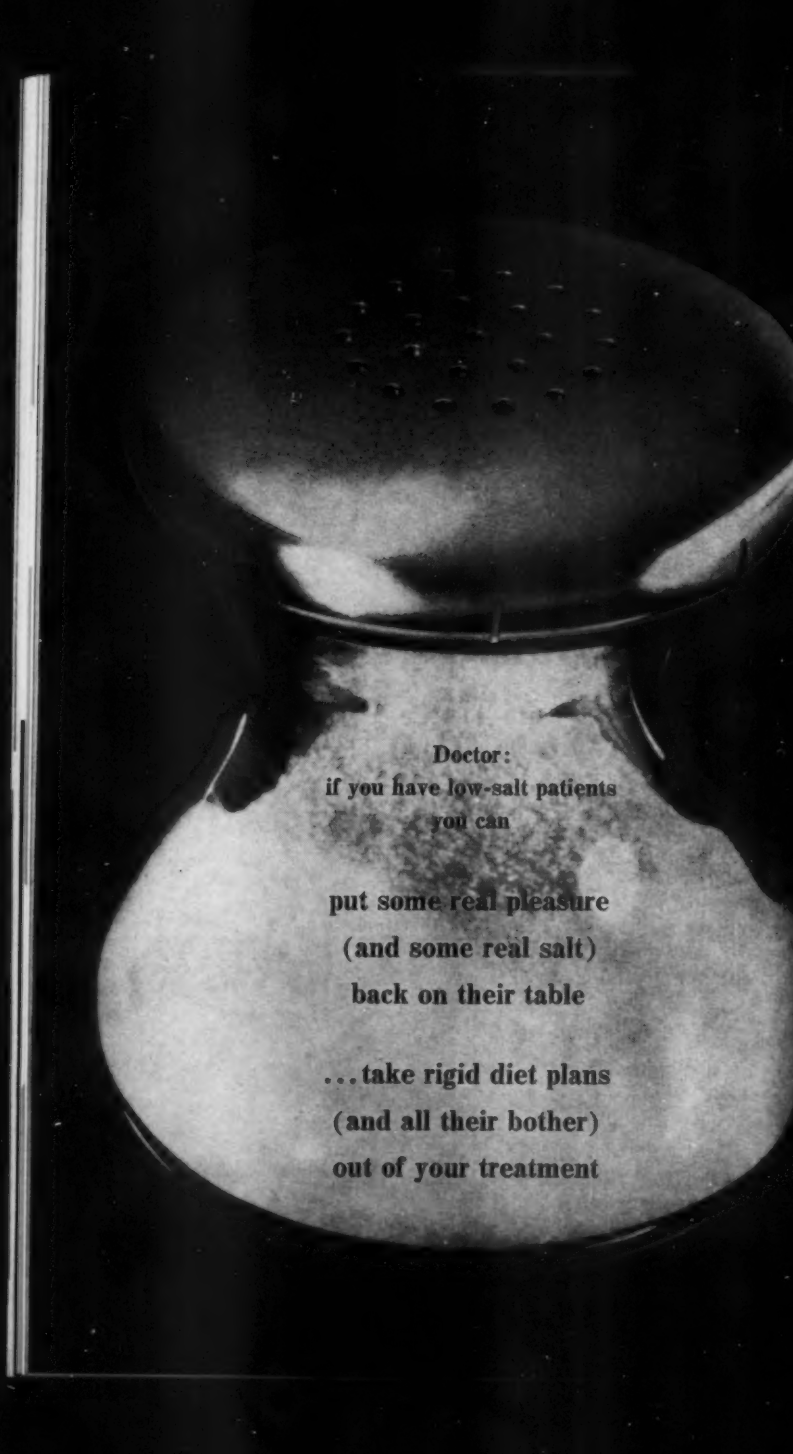
So they threw him out. But they couldn't keep him out. He was able to show in court that the power to frame rules of staff conduct rested with a clinic commission the trustees had set up, not with the trustees themselves.

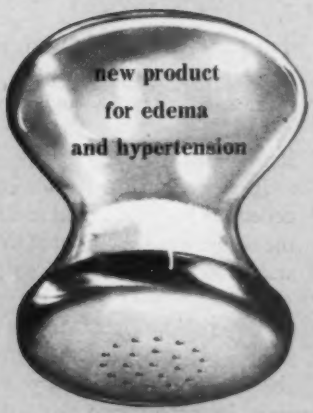
Ruled the judge: "The body delegated with the duty of fixing the rules is likewise charged with their enforcement. The clinic commission, not the board of trustees, is empowered to drop [a doctor] from the staff . . . The proceeding was not in accordance with the constitution and bylaws of the organization."

Another Weapon for M.D.s

Now let's turn to the second big reason why ousted doctors win suits against their hospitals. If the hospital is a public institution, it's subject to state laws and other conditions relating to its public character. So if it violates the law or doesn't abide by a given condition in denying privileges, the courts will almost surely overrule it. To illustrate:

A city institution in Fulton, N.Y., once ousted a staff surgeon without explaining its reasons for so doing. When the case came to court, the hospital still refused to speak out. So the Appellate Division of New York State's Supreme Court held the


Doctor:
if you have low-salt patients
you can
put some real pleasure
(and some real salt)
back on their table
...take rigid diet plans
(and all their bother)
out of your treatment



your most potent means when the end is saluresis*

ORETIC™

(HYDROCHLOROTHIAZIDE, ABBOTT)

In simplest terms, giving new **ORETIC** is like packaging a low-salt regimen in a single tablet . . . because **ORETIC** steps up excretion of sodium and chloride, and thereby often cuts down the need for an extremely rigid diet.

Further, it makes sense that the more potent the diuretic-antihypertensive, the greater the chances that sodium restrictions can be relaxed.

And new **ORETIC** is the most potent, most effective oral diuretic-antihypertensive yet discovered. It has a high therapeutic ratio, low toxicity. It works successfully with dosages only 1/10—1/15 those of chlorothiazide.

If you have low-salt patients . . . patients with hypertension, renal edema, congestive heart failure, toxemia of pregnancy . . . consider **ORETIC**. Because if you adjust **ORETIC** dosage and sodium intake together, you may well find that you can put some real pleasure (and some real salt) back on the patient's table . . . and spend a lot less time and effort attending to details of rigid diet-planning.

New **ORETIC** is available for your trial in 25- and 50-mg. tablets, bottles of 100 and 1000.

Ask your Abbott representative for a copy of the **ORETIC** PHYSICIAN'S LITERATURE *containing complete indications, dosage and precautionary information.*

ABBOTT

*In many clinical problems the elimination of salt (saluresis) is just as important as diuresis. And Oretic provides your most potent means to these ends.

ORETIC | YOUR MOST POTENT MEANS WHEN THE END IS SALURESIS*

ORETIC—TRADEMARK FOR HYDROCHLOROTHIAZIDE, ABBOTT

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exclusion "arbitrary and capricious" and ordered the doctor reinstated.

In its decision, the court conceded the hospital's right to deny the surgeon reappointment to its staff—but only if it did so for justifiable reasons. Any other decision, it said, "would permit the board of governors to convert the hospital into a semi-private one, in accordance with their own notion of what a hospital should be."

In another case of this nature, a public hospital in Noblesville, Ind., closed its doors to a G.P. because the doctor didn't belong to the county medical society. The hospital's own rules listed such membership as a requirement for staff men.

The physician sued on the ground that Indiana law allowed any licensed M.D. to practice in a public hospital "provided he stays within the law and conforms to all reasonable rules and

"I've now analyzed over ten thousand women—and I don't understand them yet!"

"To know how to grow old is the master-work of wisdom..."
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for your "over forty" patients prescribe

ELDEC® KAPSEALS®

vitamin-mineral-hormone supplement

to help fill their later years with vigor and vitality

each **KAPSEAL** *contains:*

vitamins	
Vitamin A	1,667 Units (0.5 mg.)
Vitamin B_1 mononitrate	0.67 mg.
Ascorbic acid	33.3 mg.
Nicotinamide	16.7 mg.
Vitamin B_6	0.67 mg.
Vitamin B_6	0.5 mg.
Vitamin B_{12} with intrinsic factor concentrate	0.033 USP Unit (oral)
Folic Acid	0.1 mg.
Choline bitartrate	6.67 mg.
Pantothenic acid (as the sodium salt)	5 mg.
minerals	
Ferrous sulfate (exsiccated)	16.7 mg.
Iodine (as potassium iodide)	0.05 mg.
Calcium carbonate	66.7 mg.
digestive enzymes	
Taka-Diastase® (Aspergillus Oryzae Enzymes)	20 mg.
Pancreatin	133.3 mg.
protein improvement factors	
l-Lysine monohydrochloride	66.7 mg.
dl-Methionine	16.7 mg.
gonadal hormones	
Methyl testosterone	1.67 mg.
Theelin	0.167 mg.

dosage: One Kapseal three times daily before meals. Female patients should follow each 21-day course with a 7-day rest interval.

packaging: ELDEC Kapseals are available in bottles of 100.

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PARKE, DAVIS & COMPANY, Detroit 32, Michigan

90158

regulations." And the court accepted his argument. Because the hospital's rule on society membership sought to abrogate state law, the rule was deemed invalid.

It almost certainly would have been a different story, though, if the hospital had been a nonprofit or proprietary institution. Some years ago, in a very similar case, Dr. Pasquale F. Natale of Des Moines, Iowa, was dropped from his county medical society's roster for nonpayment of dues. For this and other reasons, he was denied privileges at Des Moines' Mercy Hospital. But when Dr.

When Is a Hospital 'Public'?

The outcome of a doctor's suit against a hospital may depend on whether the institution is public. Reason: If the physician can show both that the hospital is public and that it violated state law in dismissing him, he'll almost certainly win his suit.

Here, then, is a definition of a public hospital as determined by courts of law:

A public hospital has been created and endowed by the government for general charity. It's owned by the public and devoted chiefly to public uses and purposes. To at least some degree, its management is in the hands of public officers, boards, or bureaus.

Nonprofit and proprietary hospitals, of course, are maintained by private persons or a private corporation. By definition, no local or state government has a voice in the management or control of their properties or in the formation of the rules they operate by.

Note that a nonprofit hospital may be conducted as a public charity without losing its private character. It may also accept appropriations from a state, a county, or a municipality. It becomes public only if, in accepting appropriations, it allows its status to be modified by state law, or if it otherwise gives government officials some degree of say about its operations.

STOP USELESS COUGH FOR 6,000 JET MILES

WITH A **SINGLE DOSE** OF

TUSSIONEX®

A 'Strasionic' Antitussive • Dihydrocodeinone Resin – Phenyltoloxamine Resin

2 oz. TUSSIONEX® liquid . . . or 12 TUSSIONEX® tablets . . . a six day supply

▸ ▸ ▸ as advanced as stratospheric jets. One shrinks distance . . . the other stretches time between coughs. Both spell progress.

8-12 Hour Cough Control with a Single Dose

Stop Useless Debilitating Cough without impairing protection of cough mechanism

Adults:
1 tsp. or tablet q 12 h

Children:
Under 1 year.....¼ teaspoon q 12 h
1-5 years.....½ teaspoon q 12 h
Over 5 years..... 1 teaspoon q 12 h

Each teaspoonful (5c.c.) or tablet Tussionex provides 5 mg. dihydrocodeinone and 10 mg. phenyltoloxamine as resin complexes

Rx only. Class B taxable narcotic.

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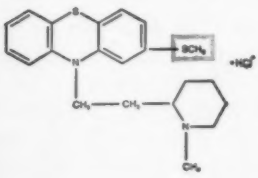
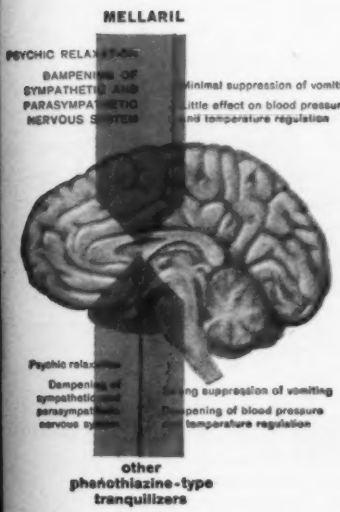
anti-emetic
greater specificity
of tranquilizing action
—divorced from such
"diffuse" effects as
anti-emetic action
—explains why
Mellaril
THIORIDAZINE HCl
"Thioridazine [MELLARIL] is as effective as the best available phenothiazi
but with appreciably less toxic effects than those demonstrated with
phenothiazines. . . . This drug appears to represent a major addition to
safe and effective treatment of a wide range of psychological disturba
seen daily in the clinics or by the general practitioner."*

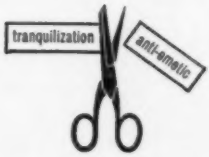
greater specificity of tranquilizing action results in fewer side effects



The presence of a thiomethyl radical (S-CH_3) is unique in Mellaril and could be responsible for the relative absence of side effects and greater specificity of psychotherapeutic action. This is shown clinically by:



1 A specificity of action on certain brain sites in contrast to the more generalized or "diffuse" action of other phenothiazines. This is evidenced by a lack of appreciable anti-emetic effect.



2 Less "spill-over" action to other brain areas — hence, absence of undue sedation, drowsiness or autonomic disturbances.

3 A notable absence of extrapyramidal stimulation.

4 Lack of impairment of patient's normal drive and energy.

5 Virtual freedom from such toxic effects as jaundice, photosensitivity, skin eruptions, blood forming disorders.

Indication	Usual Starting Dose	Total Daily Dosage Range
ADULTS: Mental and Emotional Disturbances:		
MILD—where anxiety, apprehension and tension are present	10 mg. t. i. d.	20-60 mg.
MODERATE—where agitation exists in psychoneuroses, alcoholism, intractable pain, senility, etc.	25 mg. t. i. d.	50-200 mg.
SEVERE—In agitated psychotic states as schizophrenia, manic depressive, toxic psychoses, etc.:		
Ambulatory	100 mg. t. i. d.	200-400 mg.
Hospitalized	100 mg. t. i. d.	200-800 mg.
CHILDREN: BEHAVIOR PROBLEMS IN CHILDREN	10 mg. t. i. d.	20-40 mg.

Mellaril Tablets, 10 mg., 25 mg., 100 mg.

*Oettinger, A. M.: Scientific Exhibit, American Academy of General Practice, San Francisco, April 6-9, 1959.

SANDOZ

Natale sued, the court found for the hospital.

Its ruling: The hospital was not a public institution. So it had a right to make whatever reasonable rules and regulations it saw fit to make.

Why Some Lose Out

The Natale case illustrates one of the two major reasons why physicians *lose* suits over hospital privileges: A doctor assumes wrongly that his hospital can't enforce its own regulations. Courts will generally uphold the hospital's right to do so—provided, as we've seen, that the rules of a public institution don't conflict with state law.

The other major reason why doctors lose suits is that they wrongly believe their medical licenses automatically entitle them to hospital privileges. Here's a case in point:

In 1952, General Practitioner Jack Dayan was appointed to the associate staff of the Wood River Township Hospital, a public institution in Wood River, Ill. The doctor's appointment was subject to annual review. And in 1956 it wasn't renewed. *More*▶

IN HAY FEVER

BLOCK THE ALLERGIC RESPONSE...RELIEVE INFLAMMATION AND EDEMA

A SPECIFIC NASAL DECONGESTANT

ADMINISTRATION: 6 years and over, 2-4 drops Nasal Solution in each nostril, not oftener than every 3 hours. Under 6 years use Pediatric Nasal Drops (1-3 drops) as above. (Under 2 years, 1 or 2 drops.) NOTE: Overdosage may cause deep sleep in infants and young children.

SUPPLIED: 1/2 oz. bottles. COR-TYZINE NASAL SOLUTION and COR-TYZINE PEDIATRIC NASAL DROPS.

NEW **Cor-Tyzine**

tetrahydrozoline hydrochloride – prednisolone

Science for the world's well-being Pfizer

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The physician was stripped of his privileges partly because he had allegedly violated several hospital regulations. The hospital gave him a chance to refute its charges. But, after a hearing, his plea for reinstatement was overwhelmingly rejected.

So he went to court—and lost. He then appealed to the Appellate Court of Illinois. His chief argument, as he'd put it during the hospital hearings:

"I believe that when a man has taken his examination and proved to the proper authorities that he is competent, and is given a license to practice his profession by the public authorities, he should be allowed to practice in public hospitals."

Not so, ruled the Appellate Court in upholding the hospital: "Licensing by the state is a prerequisite to staff membership. It is not, however, the only condition . . . A hospital is not an annex to every doctor's office, where the same freedom of practice as exists in the office continues . . . It is only logical that the institution have the right to safeguard its interest and the public interest as well by exercising discretion in [ruling on] the make-up of the medical staff." END

Note to a new doctor

You want some good advice;
I'll tell you all I know.
Half of what you learned, lad,
Will shortly not be so.
Keep your sense of humor;
Answer night calls quick;
Never tell a patient
He isn't really sick.
Catch a falling star, boy;
Cure the common cold;
Study geriatrics—
Everyone gets old.

—COLBY CLEVELAND

Keep the "reducer" happy

'METHEDRINE'®

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means help

- For those who eat too much
- For those who are depressed

'Methedrine' dispels abnormal craving for food, subtly elevates the mood.

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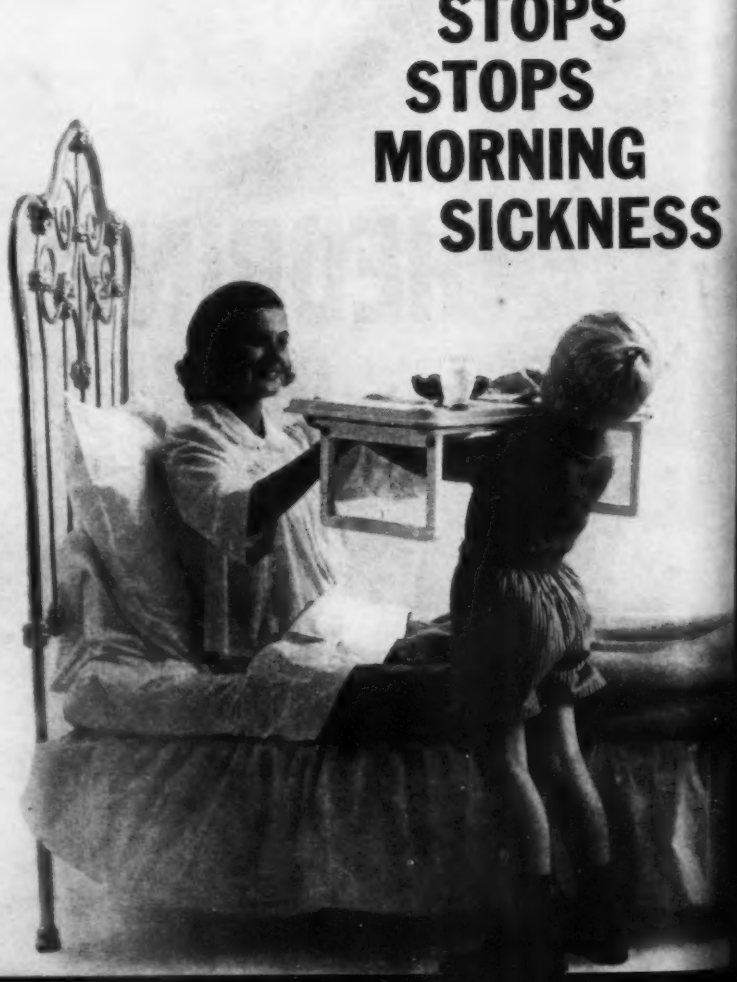

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Each t
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effects

Pyridoxin
specifi
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DOSAGE:
bedtime.
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SUPPLIE
tablets, b
Fruit-flave
in 30 cc.

ADOXIN®

(tablets and drops)

BONADOXIN Tablets relieve nausea and vomiting of pregnancy in 9 out of 10,[1-7] often within a few hours.

Moreover, a controlled study of 620 cases reported that with BONADOXIN "toxicity and intolerance [are] zero."[1] BONADOXIN is rarely soporific. It is free from the risks associated with overpotent tranquilizer-antinauseants.

NOTE: BONADOXIN has also been shown highly effective in relieving nausea and vomiting associated with: anesthesia, radiation sickness, Meniere's syndrome, labyrinthitis, cerebral arteriosclerosis, and motion sickness.

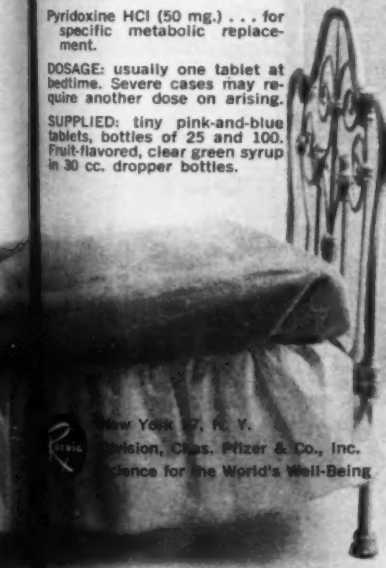
Each tiny pink-and-blue BONADOXIN tablet contains:

Meclizine HCl (25 mg.) . . . for antivertiginous, antinauseant effects.

Pyridoxine HCl (50 mg.) . . . for specific metabolic replacement.

DOSAGE: usually one tablet at bedtime. Severe cases may require another dose on arising.

SUPPLIED: tiny pink-and-blue tablets, bottles of 25 and 100. Fruit-flavored, clear green syrup in 30 cc. dropper bottles.



Infant colic? BONADOXIN DROPS are antispasmodic...stop colic in 84%,[8-10] without the risk of belladonna and barbiturates.

Each cc. contains:
Meclizine dihydrochloride . . 8.33 mg.
Pyridoxine hydrochloride . . . 16.67 mg.

Dosage:

under 6 months . . . . 0.5 cc.	2 or 3 times daily, on the tongue, in fruit juice or water
6 months to 2 years . . . . 1.5 to 2 cc.	
2 to 6 years . . 3 cc.	
adults and children over 6 . . . . . 1 tsp. (5 cc.)	

References: 1. Goldsmith, J. W.: Minnesota Med. 40:99 (Feb.) 1957. 2. Groskloss, H. H., et al.: Clin. Med. 2:885 (Sept.) 1955. 3. Weinberg, A., and Werner, W. E. F.: Am. Pract. & Digest Treat. 6:580 (April) 1955. 4. Crawley, C. R.: West. J. Surg. 8:463 (Aug.) 1956. 5. Tartikoff, G.: Clin. Med. 3:223 (March) 1955. 6. Dunn, R. D., and Fox, L. P.: Clinical exhibit. 7. Codling, J. W., and Lowden, R. J.: Northwest Med. 57:331 (March) 1958. 8. Dougan, H. T.: Personal communication. 9. Leonard, C. L.: Personal communication. 10. Steinberg, C. L.: Personal communication.

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Science for the World's Well-Being

A moderate low-fat well-balanced breakfast for a woman of 25 years

The basic cereal and milk breakfast as shown below is *well balanced* because it provides "Women, 25 Years" with approximately one-fourth of the recommended dietary allowances[1] of complete protein, important B vitamins, essential minerals; and provides quick and lasting energy. *This breakfast is moderately low in fat because its fat content of 10.9 gm. provides 20 per cent of the total calories.* The Iowa Breakfast Studies prove for young women that a basic cereal and milk breakfast maintained mental and physical efficiency during the late morning hours and that it was superior in doing so when compared either to a larger or smaller morning meal.

recommended dietary allowances and the nutritional contribution of a moderate low-fat breakfast*

Menu: Orange Juice—4 oz.;
Cereal, dry weight—1 oz.;
Whole Milk—4 oz.; Sugar—1 teaspoon;
Toast (white, enriched)—2 slices;
Butter—5 gm. (about 1 teaspoon);
Nonfat Milk—8 oz.

Nutrients	Calories	Protein	Calcium	Iron	Vitamin A	Thiamine	Riboflavin	Niacin equiv.	Ascorbic Acid
Totals supplied by Basic Breakfast**	503	20.9 gm.	0.532 gm.	2.7 mg.	588 I.U.	0.46 mg.	0.80 mg.	7.36 mg.	65.5 mg.
Recommended Dietary[1] Allowances—Women, 25 Years (58 kg.—128 lb.)	2300	58 gm.	0.8 gm.	12 mg.	5000 I.U.	1.2 mg.	1.5 mg.	17 mg.	70 mg.
Percentage Contributed by Basic Breakfast	21.9%	36.0%	66.5%	22.5%	11.8%	38.3%	53.3%	43.3%	93.6%

*Revised 1958, *Food and Nutrition Board, National Research Council, Washington, D.C.*

***Cereal Institute, Inc.: Breakfast Source Book. Chicago: Cereal Institute, Inc., 1959*
Watt, B. K., and Merrill, A. L.: Composition of Foods—Raw, Processed, Prepared. U.S.D.A. Agriculture Handbook No. 8, 1950.

[1]*The allowance levels are intended to cover individual variations among most normal persons as they live in the United States under usual environmental stresses. Calorie allowances apply to individuals usually engaged in moderate physical activity. For office workers or others in sedentary occupations they are excessive. Adjustments must be made for variations in body size, age, physical activity, and environmental temperature.*

CEREAL INSTITUTE, INC.
135 South La Salle Street, Chicago 3

A research and educational endeavor devoted to the betterment of national nutrition

'It's Cheaper Than Owning or Renting'

So say some doctors who have converted office ownership into 'gift and lease back' arrangements. Here's how they benefit

BY CLAYTON L. SCROGGINS

When you buy or build your own office, you should expect to get a better combination of location, layout, and facilities than anything available for rent. But you shouldn't expect to pay less than you'd pay in rent—unless you're in a position to work out a favorable "gift and lease back" arrangement.

Under the right circumstances, this can be cheaper than either owning or renting.

What are the right circumstances for a "gift and lease back" plan? Outright ownership of your building is the first condition; and three others are essential to the worthwhile application of the plan:

¶ You should have a taxable income of at least $20,000 or so (the higher, the better);

¶ You should be in a sufficiently secure position financially to make an irrevocable gift of the building, then pay rent for using it; and

¶ You should have minor children with little or no independent income.

If you qualify on these counts,

THE AUTHOR *heads Clayton L. Scroggins Associates, a medical management firm in Cincinnati. He is also the current president of the Society of Professional Business Consultants.*

you can, over a period of years, turn thousands of dollars that otherwise would go for income taxes into a low-tax-bracket trust fund for your children. Just how many thousands depends less on the value of the building than on the size of your income.

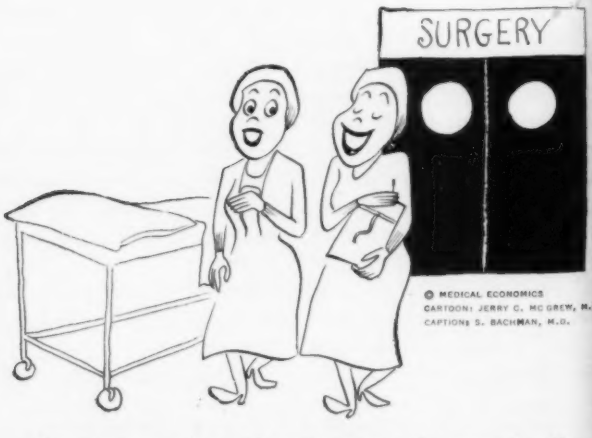
"Gift and lease back"—an uncomplicated procedure that has weathered tax court tests for individuals as well as business firms—involves just two basic steps:

1. Having purchased your building, you convey it by irrevocable deed of trust for the benefit of your children;

2. You then lease it from the trustee—who should be an independent bank or trust organization—for a minimum of ten years.

The rent you pay thereafter works two ways in your favor. It's deductible on your income tax return as a business expense. And it accumulates as trust income for your children.

It isn't all velvet, of course. Besides real estate taxes, insurance, utilities, and maintenance costs—which you'd have in any case—trustee fees and Federal income taxes whittle down the trust's profits. But in the long



"That 'one-sponge-short' routine gets a rise every time!"

Maintains high vitamin B and C levels in stress

Thera-Combex

for high vitamin level maintenance in stress and for correction in severe vitamin depletion.

Each Kapseal® contains:

Vitamin B_1 (thiamine) mononitrate	25 mg.
Vitamin B_2 (riboflavin)	15 mg.
Niacinamide (nicotinamide)	100 mg.
Folic acid	2.5 mg.
Vitamin B_6 (pyridoxine hydrochloride)	1 mg.
Vitamin B_{12} (crystalline)	5 mcg.
Pantothenic acid (as sodium salt)	10 mg.
Vitamin C (ascorbic acid)	150 mg.
Taka-Diastase®	2½ gr.

Bottles of 100 and 1,000.

Other dependable COMBEX products:

When requirements for B complex are increased

Combex Kapseals bottles of 100, 500, and 1,000

For combined B complex and C deficiencies

Combex with Vitamin C Kapseals
Bottles of 100, 500, and 1,000

For a rapid increase in B complex reserves

Combex Parenteral 10-cc. SteriVials®

Taka-Combex® Kapseals
Bottles B complex plus the starch-digestant Taka-Diastase®
Bottles of 100 and 1,000

Taka-Combex Elixir bottles of 1 pint

Parke, Davis & Company
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because many diseases involve emotional and physical stress...

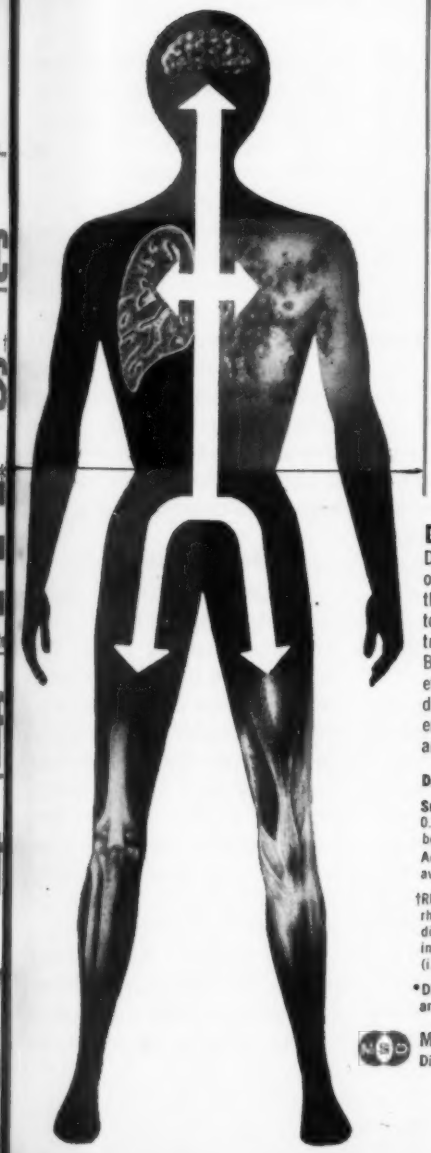
in arthritic and rheumatic disorders

NEW

DECABAMATE*

DECADRON® dexamethasone with Meprobamate

treats more of the patient more effectively



DECABAMATE links the action of DECADRON®, the most potent and effective of the anti-inflammatory steroids, with the most widely accepted and well tolerated of the muscle-relaxant tranquilizers, meprobamate . . .
By treating more of the patient more effectively, DECABAMATE can make the difference between disability and employability in many rheumatic and arthritic conditions.

Dosage Range: One or two tablets t.i.d. or q.i.d.

Supplied: As scored yellow tablets providing 0.25 mg. DECADRON plus 200 mg. meprobamate; bottles of 100.
Additional information on DECABAMATE is available to the physician on request.

†Rheumatoid arthritis, including palindromic rheumatism, rheumatoid spondylitis, Still's disease, and psoriatic arthritis. Acute, painful inflammatory musculoskeletal conditions (i.e. bursitis, synovitis, and tenosynovitis).

•DECABAMATE and DECADRON are trademarks of Merck & Co., INC.

MERCK SHARP & DOHME
Division of Merck & Co., INC., Philadelphia 1, Pa.

run, you and your children will be considerably further ahead than if you'd retained ownership of the building or held it jointly with your wife.

The best way to understand the plan and its operation is to look at a typical case. This one comes from the files of our professional management service. Let's call it the case of Dr. Bruce Coe.

A $30,000 Investment

Dr. Coe and his wife had a net income of $36,000, taxable at the joint surtax rate of 50 per cent. They also had two children, 7 and 9 years old. Dr. Coe had decided to buy a $20,000 office and clinic building for his sole use and spend an additional $10,000 to remodel it.

As owner of the building, the doctor would have had to spread depreciation deductions over a fifty-year period. These would have amounted to $400 a year on the building and $200 on the remodeling, or $600 in all. Other deductible items: real estate taxes, $300; insurance, $100; utilities, $100; heat, $200; repairs and maintenance, $200.

Thus the total deductions for the building would add up to $1,500 a year, which would have reduced his income tax by $750.

Dr. Coe had first thought he might improve his situation by setting up a corporation to own the building. But he changed his mind when we pointed out that he'd then be letting himself in for double taxation: once on the corporation's profits and again on his own profits as a stockholder. (Since the gross receipts would be from rent, he couldn't elect to have the profits of the corporation taxed directly to himself as a stockholder and thus bypass the corporation tax.)

Kids as Stockholders?

It's true that putting the building stock in the children's names would have partly solved this problem. But it would also have created a grave risk that the doctor's deductions for remodeling and rent payments might have been disallowed by the Internal Revenue Service. It might then have held that the corporation was a sham, since presumably the doctor could exert influence over the children-stockholders.

"Gift and lease back" offered by far the most favorable arrangement, and this was what we recommended to the doctor. He

"There is perhaps no other drug introduced in recent years which has had such a broad spectrum of clinical application as has meprobamate.* As a tranquilizer, without an autonomic component in its action, and with a minimum of side effects, meprobamate has met a clinical need in anxiety states and many organic diseases with a tension component."

--Krantz, J. C., Jr.: The restless patient - A psychologic and pharmacologic viewpoint. Current M. Digest 25:68, Feb. 1958.

*Miltown
the original meprobamate
discovered and introduced by

Wallace Laboratories, New Brunswick, N. J.

for full corticosteroid benefits

new Gammacorten

...a potent, highly effective corticosteroid; profound anti-inflammatory activity, with minimal potential for corticosteroid side effects

this arthritic needed Gammacorten

How this arthritic—and others—responded to GAMMACORTEN is shown on the following pages

With **GAMMACORTEN,** a full measure of corticosteroid benefit can now be brought to patients who have heretofore obtained less than optimal benefit from adrenocorticoid therapy. In practice, the increased activity of **GAMMACORTEN** means greater mobility for the arthritic; greater freedom from attack for the asthmatic; more rapid and more complete resolution of lesions for the dermatologic patient. Unwanted adrenocorticoid effects are less frequent and less severe with **GAMMACORTEN** than with any previous agent. Should side effects occur, they can be managed with greater facility than has previously been possible.

Photographs used with permission of patients.

these arthritics needed Gammacorten

PATIENT W. M., 42, has had rheumatoid arthritis since September 1955. Considerable soreness, pain and stiffness, particularly in shoulders, hands and elbows. Major presenting complaint was pain in the finger joints, with ulnar deviation of the hands and slight contracture of the elbows. Previously treated with prednisone, with partial control of condition.

BEFORE GAMMACORTEN: cannot flatten hand on table; finger joints extremely swollen; he could not move his hands without pain.

ONE WEEK AFTER GAMMACORTEN: **W. M. can flatten hand without pain, swelling is considerably reduced. Measurement of grip shows increased hand strength.**

BEFORE GAMMACORTEN: Patient J. D., 58, had arthritis since 1935. At time of examination, shoulder, arm, and finger joints were frozen. J. D. could not button his shirt or perform other functions without help. He had pain all the time. Hands were badly deformed. Unable to move arms away from body; shoulders appeared frozen. Prednisone therapy had brought only slight improvement.

ONE WEEK AFTER GAMMACORTEN: **J. D. has shown remarkable improvement; was able to raise arms to shoulder level without incurring pain.**

ONE WEEK AFTER GAMMACORTEN: **Fingers, although permanently deformed, have regained some usefulness; can button jacket and is even able to extract cigarette from pack and strike match.**

Gammacorten T.M.
(dexamethasone CIBA)

CIBA
SUMMIT N. J.

7/2091 HK-1

for full corticosteroid benefits:

new Gammacorten

this arthritic needed Gammacorten

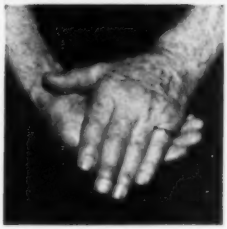
PATIENT M. S., age 81, at time of first visit was in severe pain and very uncomfortable. Complained of swelling of wrists, legs, various joints; there was pain and stiffness in cervical area and lower spine; pain, swelling and limited motion in the fingers; slight ulnar deviation of the hand. He could not raise his arms above the level of his shoulders.

Treatment and Result: After 36 hours of GAMMACORTEN therapy, M. S. had "complete relief." Joint swelling had decreased, pain was almost absent, range of motion had increased dramatically. At the end of the first week of GAMMACORTEN he was free of discomfort and able to return to his job as a porter.

BEFORE GAMMACORTEN: M. S. demonstrates position necessary to put on his hat (motion so restricted he could not comb his hair).

ONE WEEK AFTER GAMMACORTEN: **M. S. could put on his hat normally, he could comb his hair; joint function near-normal at end of first week of treatment.**

BEFORE GAMMACORTEN: His fingers were extremely painful and were so swollen that a size 11 jeweler's ring would not fit over his small finger.



ONE WEEK AFTER GAMMACORTEN: **Size 11 jeweler's ring passes easily over previously swollen joint. At end of week, "puffiness" disappeared.**

BEFORE GAMMACORTEN: Hands were so painful, stiff and swollen that M. S. could not flatten hand or extend fingers on flat surface.

ONE WEEK AFTER GAMMACORTEN: **Pain completely subsided. M. S. can flatten hand, extend fingers and flex in normal manner without pain.**

Photographs used with permission of patient.

How to use Gammacorten

in arthritis – An initial dosage of 1.5 to 3 mg. per day (2 to 4 tablets divided into 3 or 4 doses). This dosage should be continued until a satisfactory symptomatic response is obtained – usually within 3 or 4 days. After a favorable response has been obtained, reduce dosage by 1/3 every 2 to 3 days until either maintenance dosage is established or therapy can be discontinued. Satisfactory control can often be maintained with as little as 0.75 mg. to 1.5 mg. per day.

in asthma and allergy – **IN STATUS ASTHMATICUS:** Initial daily dosage of GAMMACORTEN is 7.5 to 10 mg. (10 to 13 tablets divided into 3 or 4 doses). As soon as the acute state is controlled, reduce dosage slowly by 1/3 to 1/4 until a satisfactory maintenance level is reached or until therapy is discontinued.

IN CHRONIC BRONCHIAL ASTHMA: Initial dosage is 1.5 to 3 mg. of GAMMACORTEN per day (2 to 4 tablets divided into 3 or 4 doses). After a satisfactory response has been obtained, decrease dosage by 1/3 every 2 to 3 days until either maintenance level has been determined or therapy can be discontinued. Asthmatics can often be maintained for long periods on as little as 0.75 mg. to 1.5 mg. of GAMMACORTEN daily.

IN INTRACTABLE HAY FEVER: Start with 2 to 3 mg. (3 to 4 tablets divided into 3 or 4 doses) of GAMMACORTEN per day. Symptoms should be promptly relieved; prolonged maintenance therapy is unnecessary for these self-limiting disorders.

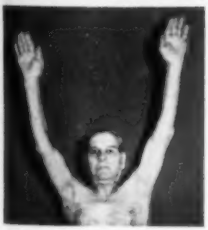
in skin disorders – Start with 2 to 3 mg. (3 to 4 tablets divided into 3 or 4 doses) of GAMMACORTEN daily. Satisfactory control is usually obtained at this dosage level. In chronic conditions, dosage should be decreased by 1/3 every 2 to 3 days until either a satisfactory maintenance level has been achieved or therapy can be discontinued. In acute or self-limiting disorders, treatment may be discontinued as soon as control has been obtained.

SUPPLIED: GAMMACORTEN Tablets, 0.75 mg. 2/2682 MK-2

T.M.
Gammacorten
(dexamethasone CIBA)

...a potent, highly effective corticosteroid; profound anti-inflammatory activity, with minimal potential for corticosteroid side effects

BEFORE GAMMACORTEN: M. S. could not raise arms above shoulder level; even the degree of motion shown was extremely painful.



ONE WEEK AFTER GAMMACORTEN: **Range of motion and rotation dramatically increased; M. S. could move without pain for the first time in months.**

CIBA
SUMMIT N.J.

XUM

deeded the $20,000 building irrevocably in trust for the benefit of his children. Then he took a ten-year lease at $2,400 a year.

Besides assuming the $10,000 remodeling cost, he undertook to pay the $100-a-year utilities bill. All other expenses were to be paid by the trust out of its rental income, including the trustee fees and the minimum-bracket Federal income taxes.

By assuming the $10,000 remodeling cost, Dr. Coe could deduct it during the ten-year life of his lease at the rate of $1,000 a year. This, added to the $2,500 for rent and utilities, brought his annual deductions for the building to $3,500.

Result: His tax was reduced by $1,750, representing a saving of $1,000 over the $750 reduction he would have received if he'd retained ownership.

As for the trust, its operating statement at the end of the year looked like this:

Rental income		$2,400.00
Expenses:		
Building depreciation	$400.00	
Real estate taxes	300.00	
Insurance	100.00	
Heat	200.00	
Maintenance	200.00	
		1,200.00
Net profit from building		$1,200.00
Trustee fee (7%)	84.00	
Federal income tax (22.2%)	247.75	
		331.75
Net return to children		$868.25

To produce this net return of $868.25 for his children, the doctor spent $2,500 in cash (disregarding the deduction for depreciation). Thus he spent $1,600 more than the $900 cash he would have spent as the owner.

However, by applying the $1,000 additional tax savings against the $1,600, it cost him just $600 to create a sum almost 50 per cent larger for the benefit of his children.

In this case, Mrs. Coe was not

CO-PYRONIL™ provides quick relief that lasts and lasts

Not *just* an antihistamine, Co-Pyronil is a triple combination that assures more complete relief from hay fever and other allergies.

Each Pulvule® contains:
a vasoconstrictor, Clopane® Hydrochloride
a fast-acting antihistamine, Histadyl™
a long-acting antihistamine, Pyronil®

Also supplied as suspension and pediatric Pulvules.

Co-Pyronil™ (pyrrobutamine compound, Lilly)
Clopane® Hydrochloride (cyclopentamine hydrochloride, Lilly)
Histadyl™ (thenylpyramine, Lilly)
Pyronil® (pyrrobutamine, Lilly)

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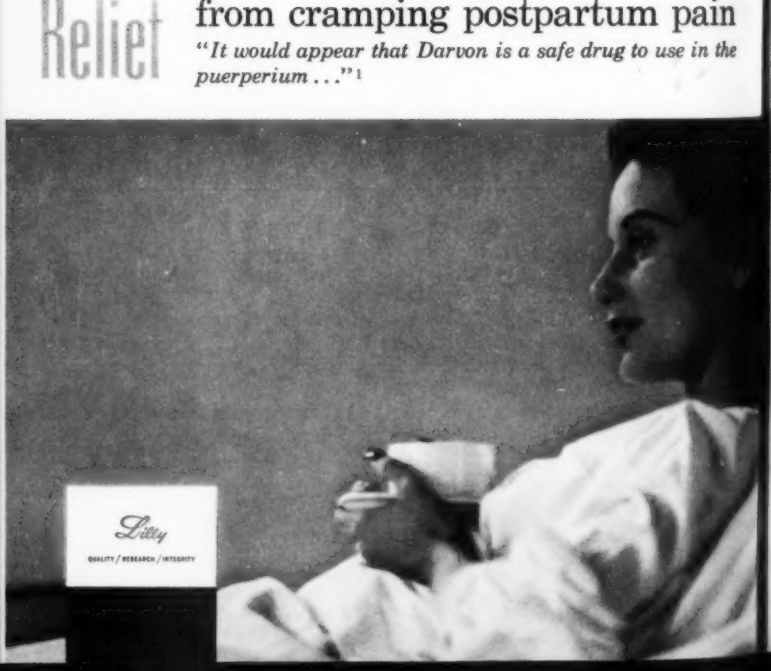
Relief from cramping postpartum pain

"It would appear that Darvon is a safe drug to use in the puerperium . . ."[1]



DARVON® COMPOUND

(dextro propoxyphene and acetylsalicylic acid compound, Lilly)

POTENT · SAFE · WELL TOLERATED

The clinical usefulness of Darvon® (dextro propoxyphene hydrochloride, Lilly), alone and in combination, has been substantiated by more than 100 investigators in the treatment of over 6,300 patients in pain. A consolidation of these reports shows that 5,663 (89.8 percent) experienced "effective analgesia."

439 postpartum patients were included. In 400 (91.1 percent), effective analgesia was obtained; the other 39 (8.9 percent) did not respond.

Darvon Compound combines in a single Pulvule® the analgesic action of Darvon with the antipyretic and anti-inflammatory benefits of A.S.A.® Compound (acetylsalicylic acid and acetophenetidin compound, Lilly). When inflammation is present, Darvon Compound reduces discomfort to a greater extent than does either analgesic given alone.

Usual dosage: 1 or 2 Pulvules three or four times daily.

Also available: Darvon, in 32 and 65-mg. Pulvules.

Usual dosage: 32 mg. (approximately 1/2 grain) every four hours or 65 mg. (1 grain) every six hours.

1. Abrams, A. A.: Personal communication.

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made a beneficiary of the trust. There was a sound reason for this. When the wife is included, the "gift and lease back" advantages are diminished. Her profits from the trust are then taxed jointly with the doctor's income at the maximum rate.

This last disadvantage would be eliminated, though, if the trust were set up to accumulate the profits for future use, instead of paying them out each year. Then the accumulation would be taxed at the trust's lower rate.

The accumulation-of-profits feature would also enable the doctor to continue to make dependency deductions in his own tax return no matter how much the trust's annual profits should increase—since the money would not be paid out as current income. Furthermore, the doctor could specify, at the time of setting up the trust, the manner in which the accumulated funds should eventually be used for the children's benefit.

The Children's Nest Egg

As matters stand, when Dr. Coe's ten-year lease expires, his children, then 17 and 19 years old, will be richer by $8,682.50 plus whatever accruals may have come to the trust through investments.

More

TUINAL® blends the benefits of two leading barbiturates

There are equal parts of quick-acting Seconal® Sodium and moderately long-acting Amytal® Sodium in each Pulvule® Tuinal. This provides your obstetric patient quick, sustained amnesia; your surgical patient relief from apprehension and fear.

Available in three convenient strengths—3/4, 1 1/2, and 3-grain Pulvules.

Tuinal® (amobarbital sodium and secobarbital sodium, Lilly)
Seconal® Sodium (secobarbital sodium, Lilly)
Amytal® Sodium (amobarbital sodium, Lilly)

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82300

Meanwhile, the doctor's income taxes will have been $10,000 less than he would have paid as the owner of the building. And the doctor's children will have benefited by almost 50 per cent more than the amount of his additional $6,000 expenditure.

Cost Varies With Income

If his income should increase in the next few years, the "gift and lease back" dollar benefits would be substantially greater. Suppose, for example, that his net income reached $46,000. Then the real cost of his "gift and lease back" arrangement would drop to only $420 a year. And his children would benefit by more than twice that amount.

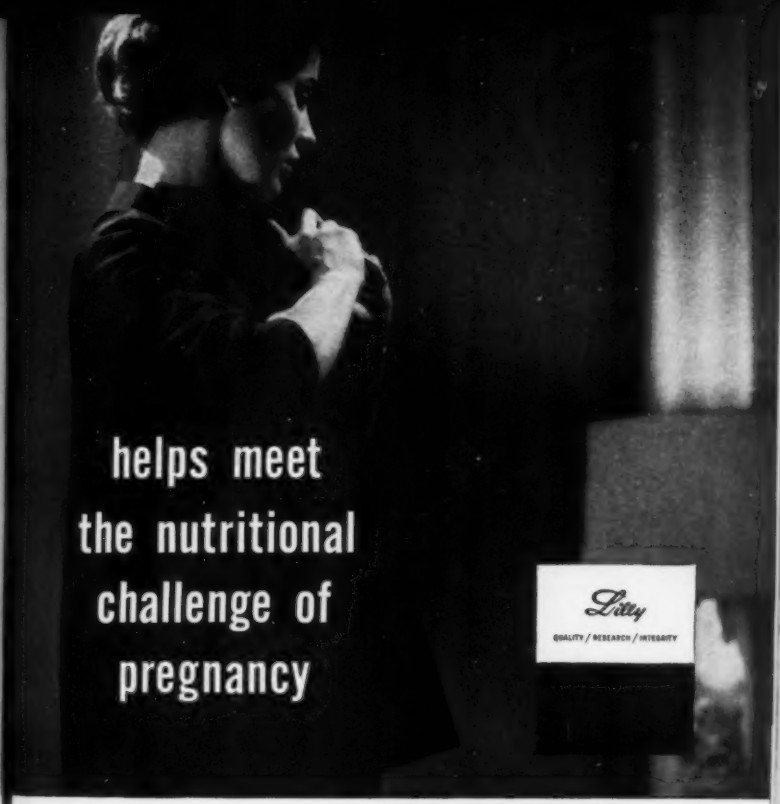
There are various ways of increasing the trust profits. A doctor can, for instance, pay the trustee fees and income taxes out of his own tax savings. Or he can even contribute his full tax savings to the trust each year, within the $3,000 annual and $30,000 lifetime gift exemption for each child. The advantage here is that the accumulated yield of such contributions, reinvested at 3 or 4 per cent, is taxable at the minimum rate of the trust rather than at the doctor's higher rate.

The case of Bruce Coe doesn't take into account the possibility of a building producing additional revenue from other sources—say, through rental of space to another doctor or for residential purposes. If such extra income amounted to as much as $2,400 a year, the trust benefits would be about double those indicated.

A gift tax return must be filed when the building is conveyed to the trust. But no gift taxes are payable unless the value of the building exceeds the $30,000 lifetime gift exemption for each spouse. Dr. Coe's $20,000 building was well within this limitation.

The essential requirement of this plan from the legal standpoint is that the deed of trust be irrevocable for at least ten years and preferably for life. The trustee should be an independent bank or trust company, concerned under the law with your children's interests rather than yours. Theoretically, the trustee needn't lease the building to you at all, if it appears that another lessee might serve the beneficiaries' interests better. Practically, however, you'd be the favored lessee during your life.

One thing to remember is that



COMPREN®

when the "parasitic fetus" drains maternal stores

Even *in utero*, baby will have his way. Nature favors his need to build up a store of nutrients for his own biochemical processes—often at the expense of the mother-to-be.

Supplementation of her normal dietary intake with the comprehensive Compren formula will not only help overcome maternal deficiency but will also insure an adequate supply to the "parasitic fetus." Prescribe 1 to 3 Pulvules® daily for better health and fewer complications for both mother and child.

Compren® (prenatal dietary supplements, Lilly) 808000

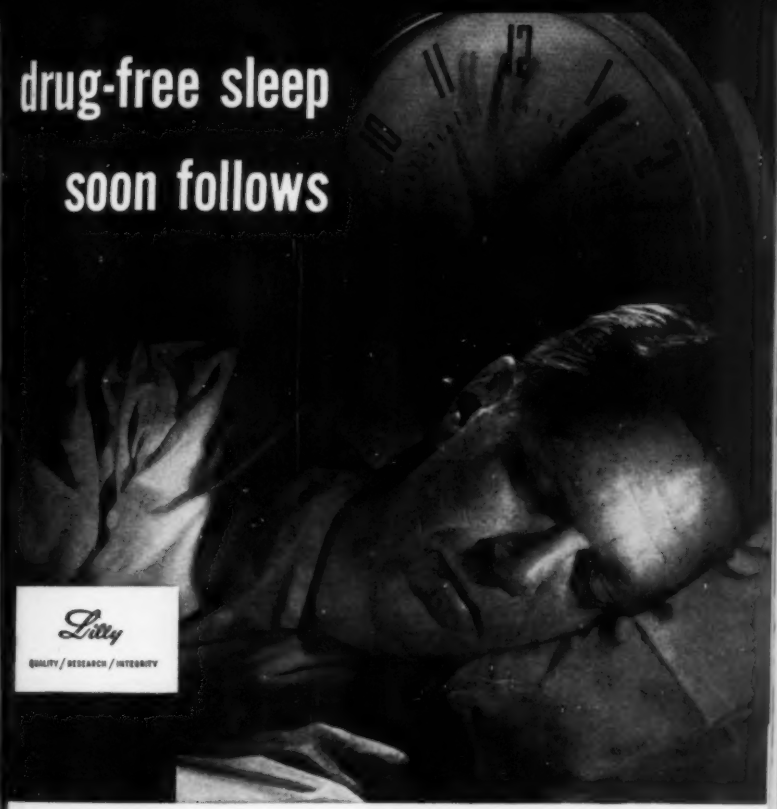
LILLY VITAMINS..."THE PHYSICIAN'S LINE"

the amount of rent to be paid should be based on an independent appraisal, rather than on your own preference. Here and there, tax courts have disallowed deductions based on "gift and lease back" arrangements where rents provided for were obviously out of line.

Omit the Renewal Option

A further caution: Your ten-year lease preferably should *not* include an option for renewal. Remember that your greatest tax advantage comes when the building requires extensive remodeling. The lease will permit you to get the remodeling as a tax reduction during your high-bracket years. But it's possible that an option to extend the period might weaken your claims to the ten-year base for writing off the cost.

Even if you're buying a new building, and there's little or no remodeling to be done, "gift and lease back" may still be your best bet. At any rate, it's worth talking over with your lawyer or the trust officer at your bank. A device that enables you to build up an asset for your children in a low tax bracket, while getting the benefit of proportionate reductions in your income tax returns, is too useful to pass up without close study. END



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Valmid speeds your patient across the threshold of sleep. Its remarkably short sedation soon subsides, permitting normal, drug-free sleep and an alert arising. Valmid is notably safe, even in patients with liver or kidney damage, for whom barbiturates may be contraindicated.

Prescribe 1 or 2 tablets to be taken about twenty minutes before bedtime.

Valmid® (ethinamate, Lilly)

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Who's Liable for Anesthetic Accidents?

Sometimes the surgeon, sometimes the anesthesiologist, sometimes even the family doctor. Here a lawyer answers some pertinent legal questions

By
Stanley Neustadt, LL.B.

Your legal risks in anesthesia have become increasingly clear with the accumulation of court rulings over the years. There are, of course, variations from state to state. But answers to the basic legal questions are pretty much the same in all jurisdictions. They add up to this:

1. You must be prepared to prove medical need for the administration of anesthetics.

2. You must be able to prove the patient's consent.

3. You must be able to prove you exercised normal caution, both in your pre-anesthesia examination and in your subsequent care of the patient.

So much for broad principles. Remembering that state laws and unpredictable juries can always surprise you in any given case, let's get down to the finer points. For instance:

May a doctor refuse to anesthetize a patient, despite his urgent request for it?

Yes. Medical need—in the doctor's judgment, not the patient's—is the first consideration in any such decision. The patient's having asked for it would be no defense if death or injury occurred and the family were able to prove, through expert

restores vitality to the severely ill

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effective and palatable peptic ulcer therapy

Effective—Trisogel combines the prompt antacid action of aluminum hydroxide with the more sustained effect of magnesium trisilicate.

Palatable—The creamy, smooth texture and mild mint flavor of Trisogel assure wholehearted patient acceptance. An adult taste panel enthusiastically selected Trisogel over all other formulas tested for texture, flavor, and color.

Dosage: In the treatment of peptic ulcer, the usual adult dose is 1 or 2 tablespoonfuls every one to three hours. Supplied in 12-ounce bottles.

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without running the risk of untoward effects

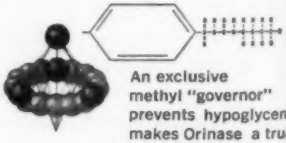
Experience with other oral antidiabetes agents has created some confusion about Orinase dosage. Here are three points worth remembering:

1. The recommended daily dosage range for Orinase extends from 0.5 to 3 Gm. A prominent New York diabetician recently commented, "Most of the referrals I am getting are patients who require only the increasing of their Orinase dosage to 2 or 2.5 Gm. per day—sometimes 3."

2. Although increasing the daily dosage **beyond** 3 Gm. rarely improves control, neither does it increase Orinase's low incidence of unwanted side effects. Selected diabetics given **6 to 10 Gm. daily for sixty to ninety days** showed no signs of toxicity.

3. In patients in whom maintenance dosage has been established, Orinase lowers the blood sugar to normal levels but almost never beyond that point. In other words, Orinase is a true euglycemic agent.

*TRADEMARK, REG. U. S. PAT. OFF.—TOLBUTAMIDE, UPJOHN



An exclusive methyl "governor" prevents hypoglycemia... makes Orinase a true euglycemic agent.

Upjohn

The Upjohn Company
Kalamazoo, Michigan

the patient by force or trickery. The right of a conscious, competent adult to refuse anesthesia is virtually absolute. Here's an extreme case in point:

The holder of an accident-insurance policy filed claim for injury. The insurance company doctor asked him to undergo examination under the relaxation of a general anesthetic. When the claimant refused, the company disallowed his claim, saying he had prevented it from determining the real extent of his injury.

But the case went to law and the court found for the claimant. His refusal to submit to anesthesia, it held, in no way affected his claim on the company.

Is the patient's oral consent to anesthesia as good as written consent?

Theoretically, yes; practically, no. Oral consent will usually stand up in court if there were witnesses, and perhaps even if there weren't. But written consent nearly always stands on its own.

Note, however, that consent to an operation doesn't necessarily imply consent to the use of an anesthetic. The doctor should get

specific written consent to both.

What should the anesthetic consent cover?

What it shouldn't cover is more to the point. It should not, for instance, name a particular anesthetic, such as ether or nitrous oxide. Making sure the patient knows what he's signing, the doctor should get permission to use "any anesthetic."

Those words in his consent form saved one surgeon from damages when a patient sued because spinal anesthesia was used. The patient contended that he had assumed he'd be getting an inhalation anesthetic—that he certainly wouldn't have consented to a "needle in the spine." But the case was promptly dismissed when the doctor's attorney produced the consent paper, with its "any anesthetic" clause.

How thorough must the pre-anesthetic physical examination be to save the doctor from a finding of negligence?

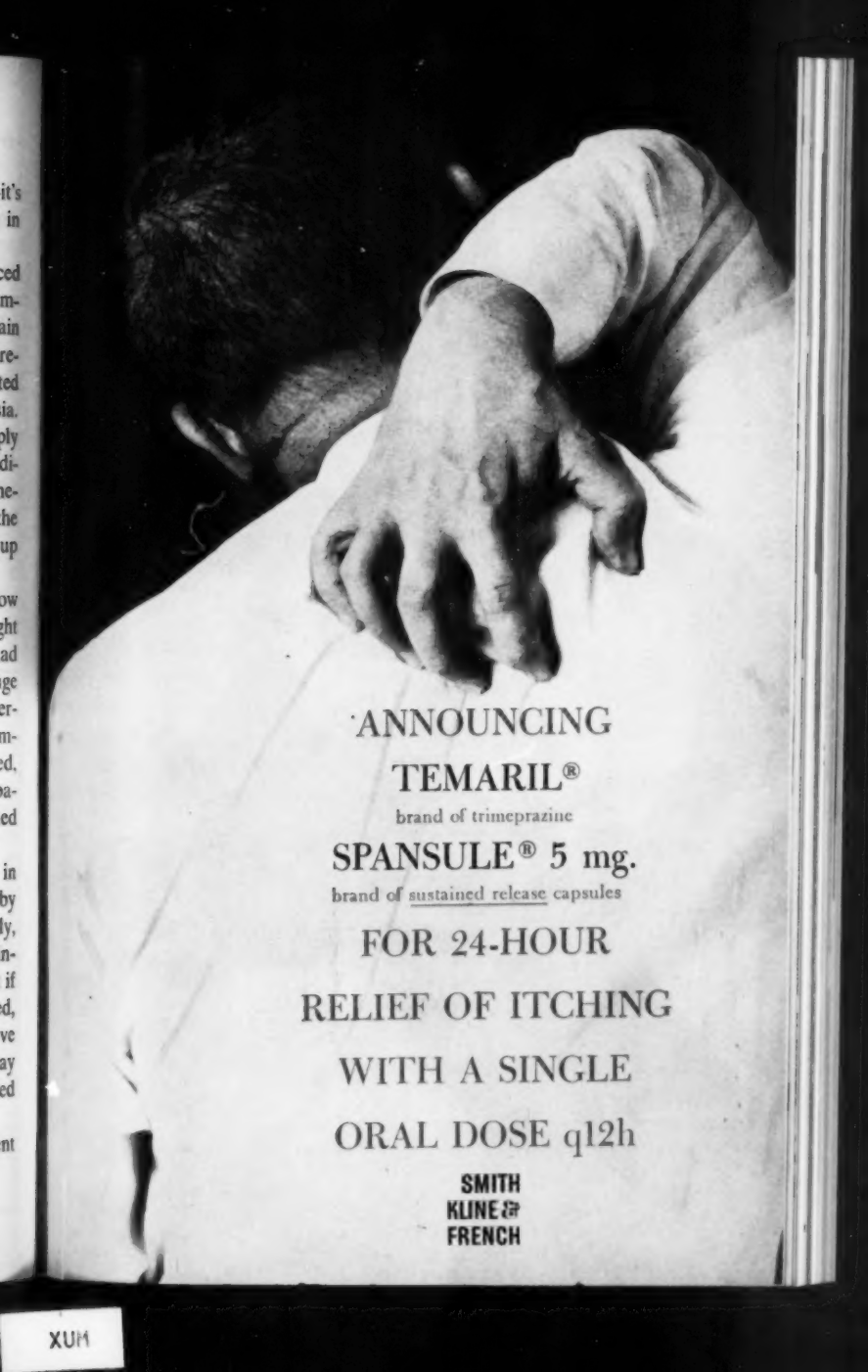
Though omission of such a check-up has been held to be prima facie evidence of negligence, courts aren't unreasonably demanding about what it should cover. If it is the type of pre-anesthetic exam commonly used in the community—i.e., the usual heart-lungs check—it's likely to be thorough enough in the eyes of the law.

A case in point produced open-and-shut proof by the family of the deceased that certain laboratory tests would have revealed the condition that resulted in his death under anesthesia. But they lost the verdict simply because those tests weren't ordinarily included in a pre-anesthetic examination, and because the examination itself had turned up nothing to suggest them.

In another instance, the widow of an anesthesia victim brought out the fact that her husband had barely sobered up from a binge when the operation was performed. The right kind of examination, her counsel insisted, would have shown that the patient's "heart had been weakened by alcohol."

But the examination had, in fact, been thorough enough by ordinary standards. Accordingly, the judge rejected the complainant's argument. He added that if the surgery had been postponed, the family would probably have ascribed the death to the delay and would probably have sued on *those* grounds.

In still another case, a patient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FOR 24-HOUR
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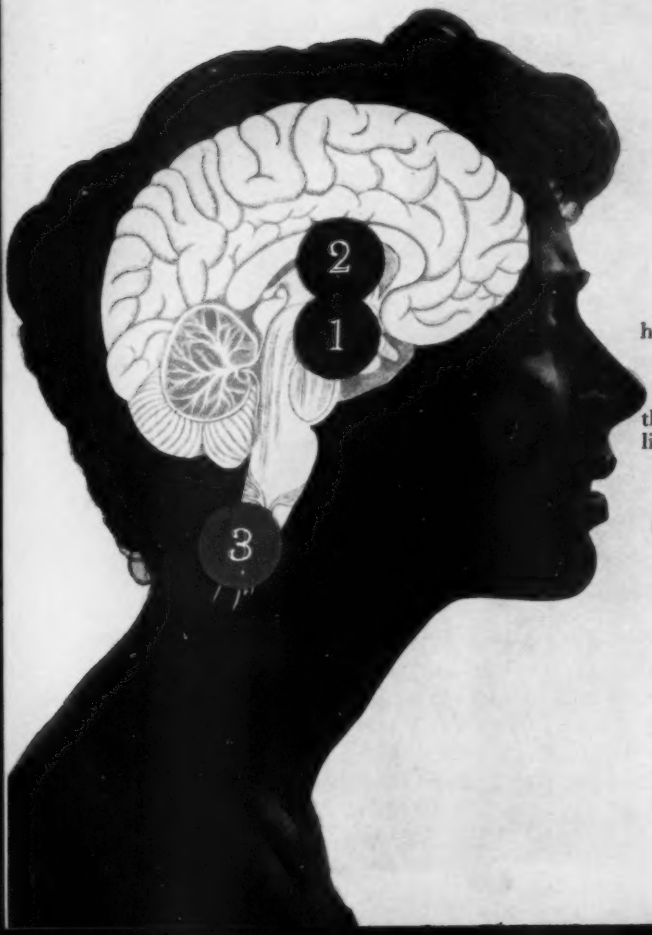
Only ▲**Deprol**▲ provides

COMPREHENSIVE TREATMENT

at three levels



1
hypothalamus

2
thalamus and limbic system

3
spinal cord

FOR DEPRESSION

AND ASSOCIATED ANXIETY AND PHYSICAL TENSION

"Manifestations of anxiety are so frequent as to be almost universal in depression..."

Donnelly, J.: Depression and its clinical manifestations. Connecticut M. J. *18*:203, March 1954.

RELIEVES DEPRESSION
by improving mood and outlook without excessive stimulation or rebound depression. Relieves symptoms such as crying, lethargy, loss of appetite, insomnia.

RELIEVES ASSOCIATED ANXIETY
by reducing exaggerated reaction at the seat of emotions. Does not depress cortical activity. Does not impair mental efficiency or normal behavior. No risk of drug-induced depression.

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by relaxing skeletal muscle. Aids restful sleep and reduces likelihood of symptom formation. Does not impair motor control.

- Confirmed efficacy
- Documented safety
- Simple q.i.d. dosage

▲Deprol▲†

benactyzine+ meprobamate

Supplied: Bottles of 50 light-pink, scored tablets.
Composition: Each tablet contains 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate.

WALLACE LABORATORIES, *New Brunswick, N. J.*

†TRADE-MARK

died after an injection of Procaine. His insurance policy had a double-indemnity accident clause, and the family tried to collect on it. The insurance company countered by blaming the death on the doctor's "negligence," since he had failed to test the patient for hypersensitivity to the drug.

But it was shown that such a test was not customary. The court found for the family and, inferentially, for the doctor as well.

If a physician is at fault in his administration of an anesthetic, does that bring about an automatic verdict against him?

It certainly puts two strikes on him. But it must still be proved that the death or injury resulted from the anesthesia and not from something else beyond the physician's control. In this type of case, experts are usually arrayed against experts; so the jury has to make up its mind which side to believe.

In one instance, even the experts admitted they weren't sure of the cause of death. The judge dismissed the action, taking the position that a lay jury could hardly make a trustworthy decision on a medical matter that stumped the doctors.

In another case, it took a jury

only a few minutes to fix damages against a surgeon whose patient had developed severe bronchitis two weeks after a tonsillectomy. Testimony showed that she had had a cold, that the doctor knew it, and that he'd given her ether anyway. The contraindications, said the court, should have been apparent from even a cursory examination.

If giving anesthetics is giving "medical care," on what legal grounds may a nurse anesthetize?

On the same grounds that she may give a hypodermic—at the direction and under the supervision of a licensed physician. Diagnosis of the case and prescription of the drug or anesthetic, not just its administration, are what constitute medical care. The nurse-anesthetist, therefore, is the doctor's agent.

Is he responsible for her negligence even if she was selected for the job by the hospital?

Whoever selects her is responsible for her general qualifications and competence. But once the operation starts, the surgeon alone has the duty of seeing to it that she does her job properly.

In one instance, the apparatus was out of adjustment and delivered too much gas. The nurse-anesthetist should have corrected its faulty operation. She didn't—and the results were fatal. But the surgeon was held responsible on the ground that he should have noted the symptoms of excessive anesthesia and should then have halted the operation and checked up on the anesthetist and equipment.

In another anesthesia fatality, the surgeon claimed that the nurse-anesthetist appointed by the hospital wasn't sufficiently qualified by experience. Testimony showed, however, that he alone had been at fault.

The nurse, whether theoretically qualified or not, had noted the patient's cyanosis and other symptoms. She had called them to the surgeon's attention. He had proceeded, unheeding, with the operation, even vetoing her suggestion that the anesthesia be lightened.

The surgeon had to pay damages.

If a general practitioner refers a case for surgery, then serves as anesthetist, what is his liability in the event of mishap either by anesthesia or surgery?

The general rule, in the words of one court, is: "Where two phy-

for laxative results without laxative harshness

n surgery, hospitalized or inactive patients

DOXIDAN

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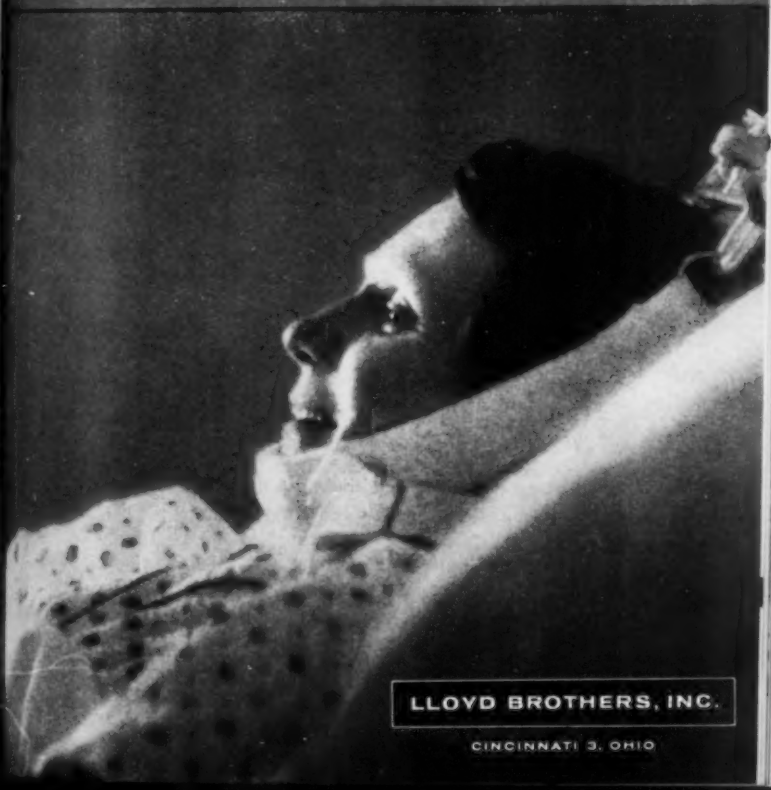
Restores normal bowel function by producing soft, easily passed stools gently assisted to defecation with the least possible disturbance to normal body physiology. Evacuation is without strain or trauma—no "griping" or cramping—no bowel distension, no oily leakage or interference with essential food elements. Patient care is made much easier.

DOSAGE: For adults and children over 12, one or two capsules. For children, age 6 to 12, one capsule. Administered at bedtime for 2 or 3 days or until bowel movements are normal. Supplied in bottles of 30 and 100 soft gelatin capsules.



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sicians are employed on one case, and by agreement divide their services, each is responsible for his own negligence and nothing more."

This assumes, of course, that the surgical referral is bona fide, that the surgeon is not an employe, agent, or partner of the G.P.—or vice versa. In one case, where the two men were actually clinical partners, alternating in their roles of anesthetist and surgeon during the course of the operation, they were held jointly liable for the overdose of anesthetic that occurred.

Is the surgeon liable for the acts of his anesthetist if the latter is a full-fledged specialist in anesthesiology?

Whether or not the surgeon will be held liable depends on the degree of control and supervision he exercised over the acts of the anesthesiologist.

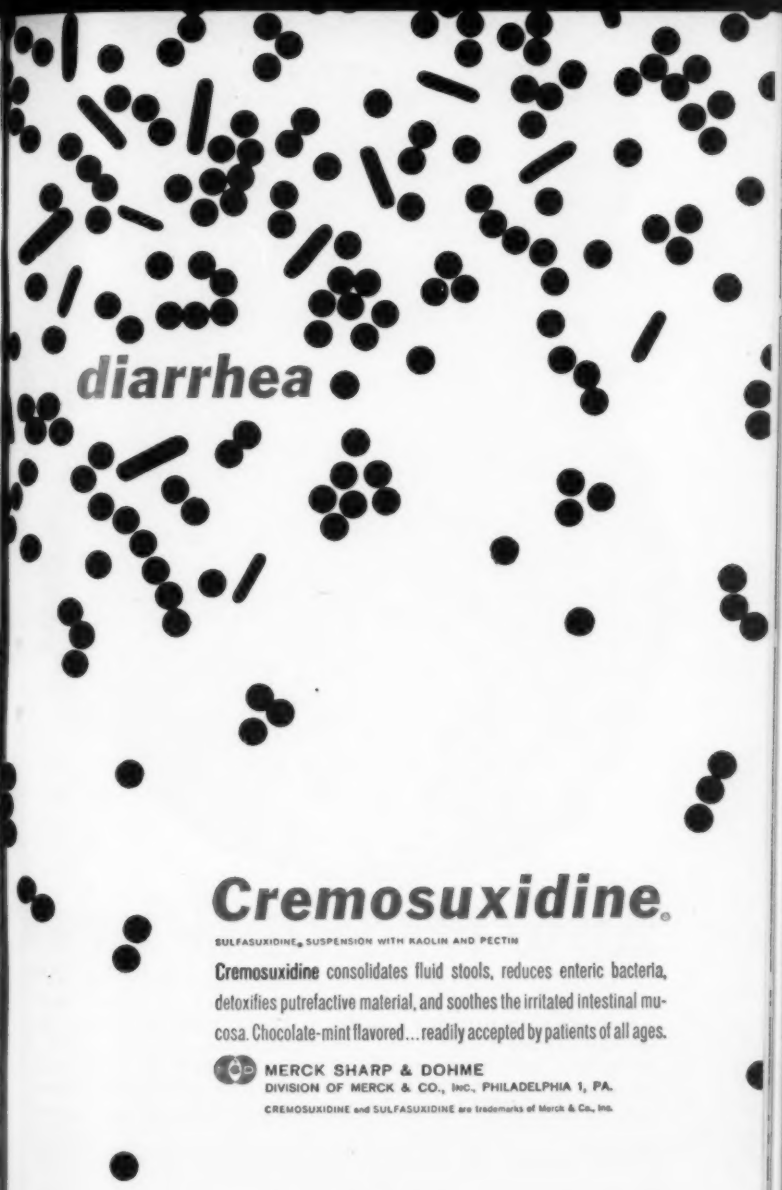
Suppose, for instance, the surgeon insisted that a particular anesthetic drug or procedure be used. In this case, it might be said that the anesthesiologist acted as the surgeon's *agent*. If negligence were then charged, both surgeon and anesthesiologist could probably be held liable.

But if the anesthesiologist relied only on his own judgment—if, in other words, he advised a certain anesthetic and administered it—he must be considered an independent consultant. And he alone would be responsible for any negligence.

Most anesthesia cases, of course, aren't that clear-cut. In any specific instance, it's up to the jury to decide whether one or both doctors were negligent. END

Garnished with parsley?

The foreign resident's English was still a trifle inexact. On her admitting note for a scald case, she wrote that the patient had been "grilled." The puzzled chief of service asked her to explain this lunch-room terminology. "Oh, I'm sorry," she said. "I *meant* to say the patient had been—you know—boiled." —MEDICAL SECRETARY, DISTRICT OF COLUMBIA



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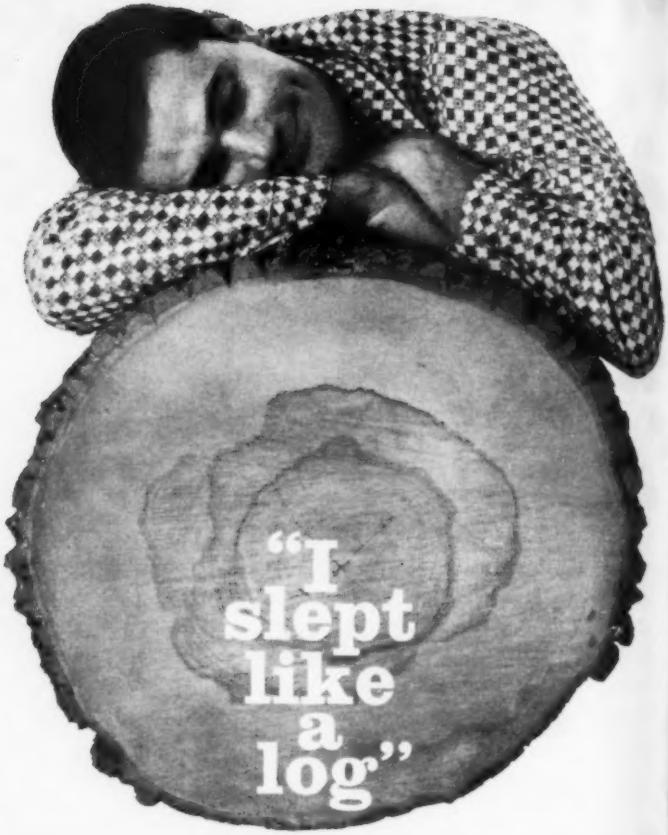

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Now a Noludar dosage form for every sedative-hypnotic need

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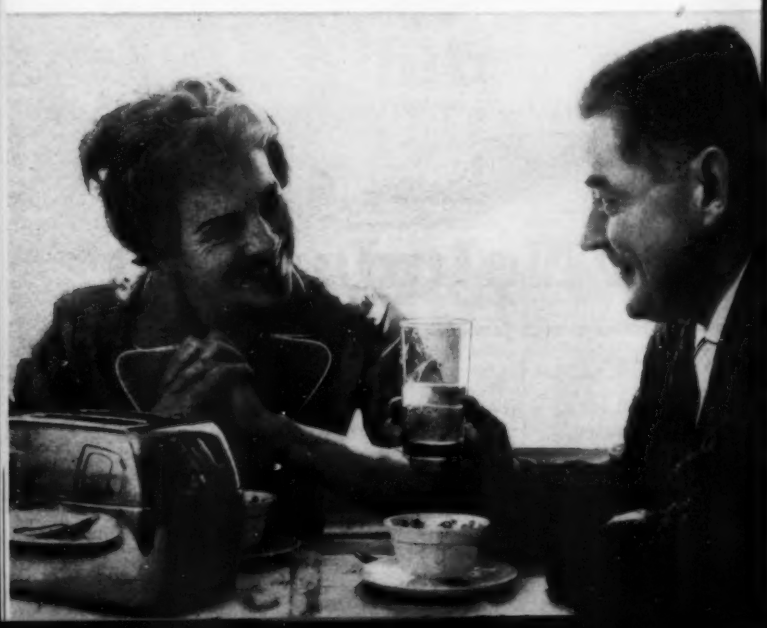
1. Greenhouse, B.: Ann. New York Acad. Sc. 74:643, 1959. 2. Dobson, H., et al.: Ibid., p. 940. 3. Farsham, P. H.; Magid, G. J., and Dorosin, D. E.: Ibid., p. 672. 4. Beaser, S. B.: Ibid., p. 701; New England J. Med. 259:573, 1958. 5. Blöch, J., and Lenhardt, A.: Ann. New York Acad. Sc. 74:954, 1959. 6. O'Driscoll, B. J.: Lancet 2:749, 1958. 7. Hadley, W. B.; Khachadurian, A., and Marble, A.: Ann. New York Acad. Sc. 74:621, 1959. 8. Duncan, G. G.; Schiess, G. L., and Demeshkieh, M. M. A.: Ibid., p. 717. 9. Handelsman, M. B.; Levitt, L., and Calabretta, M. F.: Ibid., p. 632. 10. Hills, A. G., and Abelove, W. A.: Ibid., p. 845. 11. Drey, N. W., et al.: Ibid., p. 952.



How to Get Action at Medical Meetings

These little-known parliamentary tactics can help you win a good cause—or fight a bad one

By Henry A. Davidson, M.D.

As a member of your local medical society, you have certain parliamentary rights. But a dictatorial chairman or an aggressive minority of your colleagues may override those rights—not from malice but from momentum—unless you're up on your parliamentary procedure.

Let's consider some of the things you can do to assure fair consideration of an idea you favor. Suppose, for instance, you've made a motion at a society meeting. And suppose the motion is being strangled—either through interment in committee, a motion to table, or amendments designed to kill it. In each case, there are parliamentary maneuvers that can help

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THE AUTHOR *is parliamentarian of the American Psychiatric Association and a member of the National Association of Parliamentarians. He is also the author of the "Handbook of Parliamentary Procedure" (Ronald Press, New York).*

you assert your right to bring your motion to a vote. For instance:

Prodding a Committee

1. If the motion seems to be dying in committee: Let's say that some time ago you moved that the society send a letter to the telephone company protesting the inclusion of chiropractors in the "Physicians" section of the yellow pages. The motion was seconded; but before it could come to a vote, it was referred to the committee on public relations.

Month after month the members of the committee report: "We're still studying the matter." In truth, though, they have no intention of ever reporting it out. They're afraid of the resolution. If it were adopted, they feel, the local newspaper would let out a blast against "monopoly by M.D.s."

Yet it's obvious that the membership as a whole wants the resolution passed, no matter what the public relations committee thinks. So, when it dawns on you that your popular motion is doomed to die in committee,

you swing into action. Here's what you do:

You move that "the public relations committee be discharged from further consideration of the resolution about listing chiropractors in the telephone directory."

If you announce at one meeting that you're going to make such a motion at the next, only a majority vote is needed to pass it. If you spring it without warning, it takes a two-thirds vote. In either event, if the motion is passed, the matter is pried out of committee and can be voted on under "new business."

The motion doesn't have to be restated, either. You just "call it up," and the Chair then says that the motion is now open for discussion. After such discussion, it's disposed of by vote.

Get It Off the Table

2. If the motion is tabled: Most motions *do* pass, since people tend to call "aye" whenever the Chair asks for a vote. The odds, therefore, are in favor of any motion if the mover can get it to a vote. So if you present an idea that's unwelcome to some of your colleagues, they may try to keep it from a vote by tabling it.

The motion to table gets top

FROM THE A.M.A.

"Iron sulfate and other iron salts, which have produced injury, may ultimately be replaced by safer iron compounds..."

A.M.A. Committee on Toxicology:
J.A.M.A. 170:676, June 6, 1959.

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1. Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, Apr. 5, 1958.

*U.S. Pat. 2,575,611

priority. Except by moving to adjourn, you can't block such a motion. It's not debatable; it can be passed by a simple majority; and because of the "aye" habit, the motion to table will probably pass.

At this stage, there isn't much you can do about it. You can, of course, call "no" on the motion to table. And if it fails to pass, you're back where you started—with your own motion ready for debate and vote. But if the motion to table passes, *your* motion goes into the deep freeze.

Not permanently, though. A motion to table isn't a motion to kill. So your best course of action is to wait until some other matter has been disposed of. Then, as soon as you get the floor, you can rise and say: "I move to take from the table the matter of . . ."

Such a motion isn't debatable. And if you can get a majority vote on it, your original motion is back on the floor at once, open for discussion and disposition.

How to Undo Amendments

3. If the motion is amended to death: Let's assume you've moved that the doctors in your county give free polio vaccinations to indigents. After the motion is seconded, a fellow member rises and moves to amend by adding: ". . . provided such persons are certified by the Overseer of the Poor as being on the relief rolls."

This makes you groan. You believe that any such amendment will have a bad public relations effect. You protest: "Mr. Chairman, I refuse to accept that amendment."

But the Chair rules you have no say about it—and he's right. Once your motion is seconded, you lose control of it. The amendment must now be debated and voted on.

Can a person hostile to your basic idea get a free ride on the motion you've made? The answer: It all depends. It depends primarily on whether the proposed amendment is germane to the main motion.

In this case, of course, it *is* germane. Your motion concerned indigent persons, and the amendment requiring *certification* of indigency is obviously germane. But take another case:

Suppose you move that "we ask the Governor to veto the bill forbidding drugstores to sell sun glasses." And suppose another member moves to amend by

now "a fundamentally new therapeutic approach"[1]

in fungous infections of skin, hair and nails

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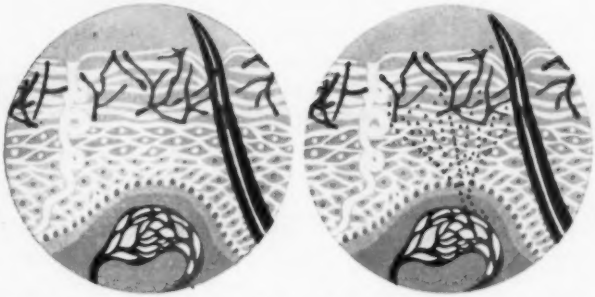
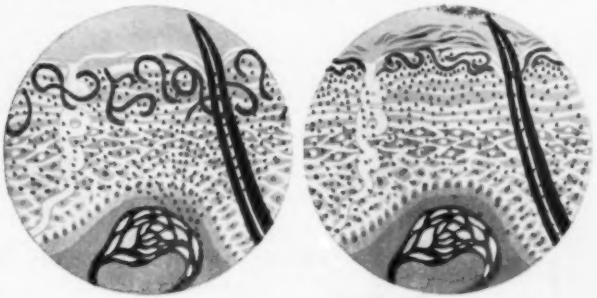
FIRST EFFECTIVE PENETRATION OF KERATIN —FROM THE INSIDE



Pathogenic fungi invade and proliferate in the stratum corneum (and also in keratinized part of nails and hair), where they are usually inaccessible to treatment from the outside by topical antifungal agents, even with the aid of keratolytics.

Following oral administration, FULVICIN is absorbed and incorporated in newly growing dermal cells. As these cells approach the surface and become keratinized, they retain sufficient amounts of FULVICIN to provide fungistasis. FULVICIN has also been identified in hair shafts in fungistatic concentrations.[2]

"CURLING FACTOR" INHIBITS FUNGAL GROWTH —PERMITS OUTGROWTH OF HEALTHY TISSUE



Hyphal (filamental) tips of fungi are curled, contorted and stunted by FULVICIN.[3] Growth ceases, further penetration of keratin halts, and the fungal disease is arrested.

Fungus immobilized by FULVICIN is cast off as keratin grows out and sloughs off. Healthy tissue replaces infected keratin of skin, hair or nails.

References: (1) Williams, D. I.; Marten, R. H., and Sarkany, I.: Lancet *2*:1212, 1958. (2) Gentles, J. C.; Barnes, M. J., and Fantes, K. H.: Nature *183*:256, 1959. (3) Brian, P. W.; Curtis, P. J., and Hemming, H. G.: J. Brit. Mycol. Soc. *29*:173, 1946.

®T.M.

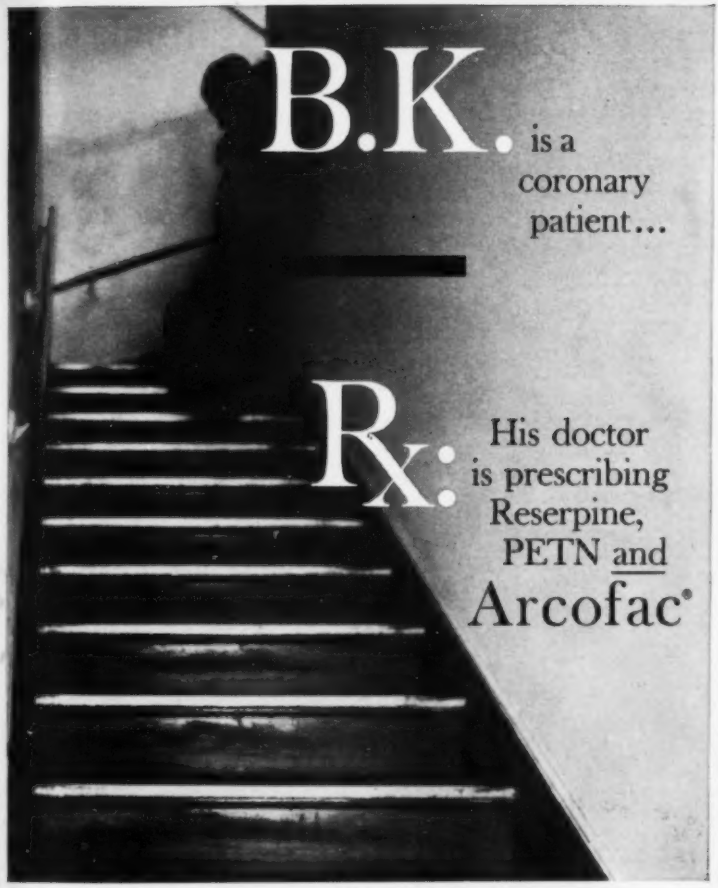
striking out everything after "Governor" and substituting the words, "to demand legislation repealing the osteopathy bill." Here the amendment (on osteopaths) is clearly irrelevant to the main motion (on sun glasses). So the Chair must rule the amendment "out of order because not germane."

The Chair must also rule as out of order an amendment that tends to negate the primary motion. It would be out of order, for example, for another doctor to amend by replacing the word "veto" with the word "sign."

Most parliamentarians maintain that those hostile to the main motion should simply talk and vote against it; they shouldn't steal the floor by introducing a negating amendment.* So if a hostile member tries to destroy your motion by a neutralizing amendment, you can insist that the proposal is out of order. Or you can even propose to amend the amendment.

If a ruinous amendment re-

*Some older authorities disagree. They insist that as long as an amendment is relevant it may have the effect of canceling out the primary motion. But modern practice frowns on the negating amendment as confusing, if nothing else.



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Also available as a pleasant-tasting cherry-flavored elixir (5 mcg. per 5-cc. teaspoonful) and as REDISOL injectable, cyanocobalamin injection USP (30 and 100 mcg. per cc., 10-cc. vials and 1000 mcg. per cc. in 1, 5 and 10-cc. vials).

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mains attached to your motion, however, what can you do? Well, first of all, you can take the floor and urge defeat of the amendment. Remember that the vote is on the amendment first; so you can make it clear that you're urging your colleagues to vote *against* the amendment, but *for* the primary motion—which will be voted on second.

If the stultifying amendment passes, the maker of the original motion must do some fast thinking. He has two choices: (a) He can urge his friends to vote against the amended motion, in the hope of having better luck next time. Or (b) he can move to refer the entire matter to a committee for study and recommendation.

A motion to commit* may be desirable if the mover expects to sit on the committee. Or it may be a good maneuver if he thinks he can persuade the committee to recommend the original, unamended motion.

So, to sum up briefly, there's plenty you can do if your favorite motion is threatened by amendments. You may be able to:

¶ Protest that the amendment is irrelevant or otherwise out of order;

¶ Restore the original motion by an amendment to the amendment;

¶ Urge your supporters to vote "no" on the amendment but "aye" on the primary motion;

¶ Move to refer the whole matter to a committee. (This, by the way, takes precedence over any motion to amend; so you may well be able to forestall a vote on an amendment by making such a motion to commit.)

¶ Finally, you can move to postpone the whole question to a specified and more propitious time. That way, you'll be giving yourself a chance to marshal the forces on your side. END

*In parliamentary jargon, "to commit" means to refer to a committee.


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INVEST IN RECREATION

Companies that make leisure-time products are enjoying a growing boom. Here's how you can get in on it

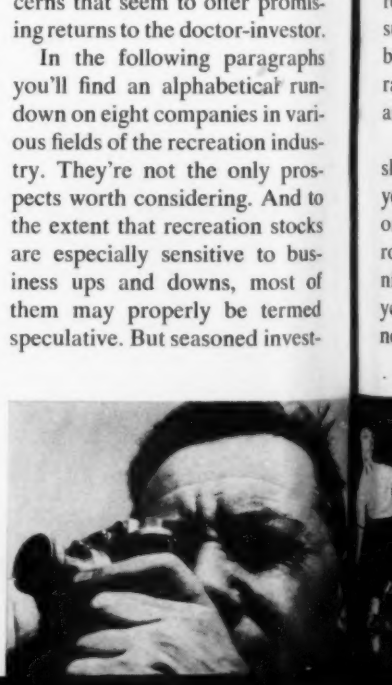
By William N. Jeffers

Most Americans have more cash and more spare time than ever before. Personal income is running at a $380-billion annual rate, and the work week for almost everybody except doctors is down to forty hours or less.

If you can't share personally in all this moneyed leisure, you can still benefit from it financially. You can invest in the industries that supply the gear for enjoying it. Fishing reels, golf clubs, hi-fi sets, bowling equipment, and home workshop tools —such products are in remarkably heavy demand. Even motor cruisers and private swimming pools, once restricted to merchant princes, are selling in volume.

So a good many companies that make such recreational products are doing extremely well. Some are long-established outfits like Eastman Kodak. Others are fast-rising newcomers like National Pool Equipment. Among them are a number of concerns that seem to offer promising returns to the doctor-investor.

In the following paragraphs you'll find an alphabetical rundown on eight companies in various fields of the recreation industry. They're not the only prospects worth considering. And to the extent that recreation stocks are especially sensitive to business ups and downs, most of them may properly be termed speculative. But seasoned invest-

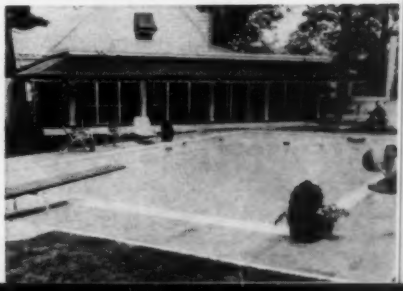


ON STOCKS?

ment counselors feel that each of the eight companies has sound growth possibilities.

Black & Decker is the world's largest manufacturer of portable electric tools. As such, it has been a prime beneficiary of the boom in home workshops and do-it-yourselfism. But this aggressively well-managed company doesn't depend on the recreational market alone. It also supplies farms, factories, and the building trades with a broad range of portable power tools and accessories.

The company's earnings per share were $3.16 in the fiscal year 1957-58—down from a record $5.40 for 1956-57. But they rose 42 per cent during the first nine months of the current fiscal year (through June). The stock now sells at around 75. And



there's a two-for-one stock split in the offing. Current dividend: $2.

Brunswick-Balke-Collender is the world's largest producer of bowling equipment and supplies, including bowling balls, pins, pinsetters, shoes, and bags. Thanks largely to this company's promotional efforts and the introduction of the automatic pin-setter, bowling has now become the most popular U.S. indoor competitive sport with both men and women. An estimated 20,000,000 Americans are at least occasional bowlers.

A Variety of Products

Brunswick-Balke-Collender's automatic pin-setter, introduced in 1956, now accounts for nearly 40 per cent of its gross sales. But the company is diversified. It's the world's largest maker of billiard tables and supplies; and it's the second largest manufacturer of school furniture and gymnasium equipment. With its recent acquisition of the A. S. Aloe Company, it has also become the second largest distributor of hospital and medical supplies. And in assuming control last year of MacGregor Sports Products, it added a well-established line of sports equipment and clothing.

The company had record earnings of $6.36 per share in 1958. Yet its first-quarter earnings this year were up an impressive 54 per cent over the like 1958 period. The stock now sells at around 105. Annual dividend: $1.50.

Everybody's Doing It

Eastman Kodak is the world's largest company in photography —the nation's most popular hobby. There are said to be some 80,000,000 amateur photographers around the country. Last year, Americans spent $1.9 billion on film, prints, and new cameras. On the basis of past performance, this figure may double in the next five years.

But, although photographic items account for two-thirds of Eastman's sales, the company is also a major manufacturer of chemicals, plastics, and man-made fibers. The last, mostly acetate fibers, now constitute about 18 per cent of sales; and Eastman has high hopes for its new Dacron-like product ("Kodel"), on the market since early this year.

The company enjoyed record earnings of $2.57 per share in

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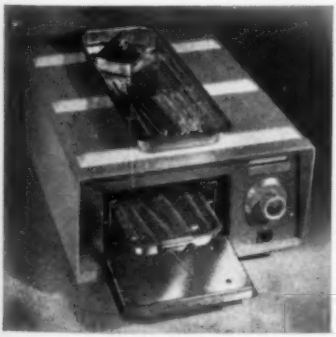
Only the dry heat sterilizer provides the moisture-free medium necessary for corrosion-proof processing of delicate implements.



That's why you need the new portable Castle No. 9 "Blueline" as a supplement for your autoclave. The "Blueline" sterilizes without moisture—keeps carbon steel edges sharper, prevents erosion of glassware, lengthens implement life.

And you're certain of sterilization. "Blueline" temperature constancy rivals that of large blower-type hospital units, ensuring destruction of all microbial life in the shortest possible time.

It's a pleasure to run, too. One turn of a timer does it all—heats, times, cuts current automatically at cycle's end.

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1958, and its first-quarter profits in 1959 are up 55 per cent over the same 1958 period. The stock has been selling at around 97. Annual dividend: $1.48.

Fastest Grower?

National Pool Equipment Co. is a leading manufacturer of swimming pools. With many types of home pool now costing no more than automobiles (See MEDICAL ECONOMICS, June 22, 1959), this firm is in the forefront of what may be the fastest-growing industry in the recreational field. Last year, more than 50,000 pools were installed in the U.S. at a cost of $600,000,000. Industry spokesmen predict record figures for this year and next.

Sales Up 150% a Year

National Pool products range in size from 10′ x 20′ backyard "package" pools, all ready for the local company agent to install, to huge motel and municipal pools. The firm's sales have risen from an initial $453,000 in 1954 to $3,100,000 in 1958. The management says it expects to be doing ten times as well within the next five years. This year, sales may well top $4,500,000—which would mean earnings of up to $1.25 per share. The

In phlebitis, patients on Orenzyme "can expect relief of pain in less than a week."[2]

In other inflammatory conditions, Orenzyme proved effective in hundreds of cases.[1-5]

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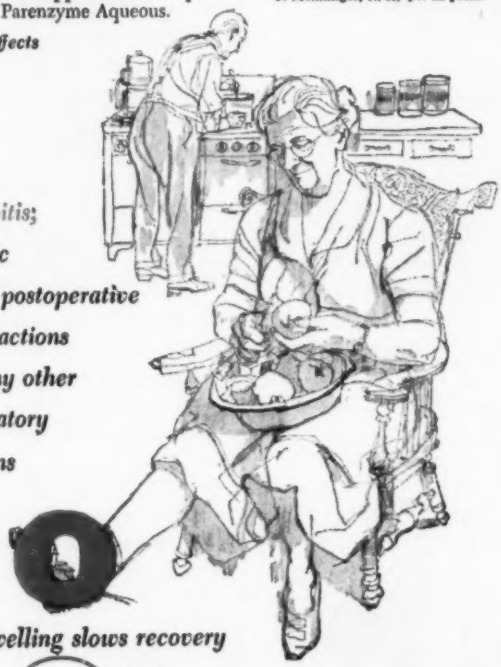
Dosage: Adequate dosage is important. Initially, swallow two tablets four times daily with a glass of water. For maintenance with Parenzyme Aqueous, one tablet three or four times daily.

Supplied: In bottles of 48 red, enteric coated tablets.

References: 1. Martin, G. J.; Bogner, R. L., and Edelman, A.: Am. J. Pharm. *129*:386, 1957. 2. Tuttle, E.: In press. 3. Pellegrino, F. C.: In press. 4. Coleman, J. M., and Vaughn, A. M.: In press. 5. Monninger, R. H, G.: In press.



In phlebitis;
traumatic
pre- and postoperative
tissue reactions
and many other
inflammatory
conditions

When swelling slows recovery

NEW Orenzyme

(oral, enteric coated enzyme tablet 'National')

reduces inflammation • eases pain • speeds healing

Products of Original Research

THE NATIONAL DRUG COMPANY, *Philadelphia 44, Pa.*

TRADEMARKS: ORENZYME

company's stock sells over the counter. Recent price: 15. A dividend of 20 cents was paid in 1957, but none before or since. The company is now considering a stock dividend, however.

Outboard Motor King

Outboard Marine Corporation is the world's largest manufacturer of outboard motors. The first outboard was made by Ole Evinrude in 1907, to save himself a long nightly row across the lake that separated him from the future Mrs. Evinrude. This motor was a one-cylinder affair that propelled a rowboat at a speed of 7 m.p.h. There wasn't much real improvement in outboards until 1949, when much more efficient ones were introduced. At about the same time, lightweight, durable hulls came on the market in a big way.

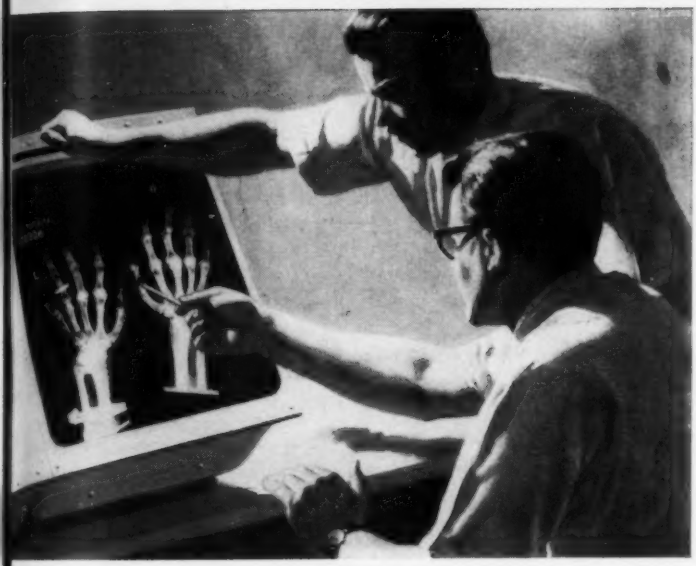
The two developments have vastly stimulated each other: The annual sale of pleasure craft has increased fivefold since 1953, and 75 per cent have been outboards. Some 600,000 outboard motors will probably be sold this year. And a great many of these will be produced by Outboard Marine.

About 83 per cent of the company's sales come from outboard motors and parts. It also does a brisk business in power lawn mowers, small tractors, motor scooters, chain saws, golf carts, and light vehicles used in factories and post offices.

1959 Earnings Are Up

Mainly because of heavy expenses involved in retooling, the company's 1958 earnings dipped to $1.16 per share from $1.78 in 1957. But earnings for the first half of fiscal 1959 were up some 56 per cent over the preceding six months. The stock has been selling at around 37. Annual dividend: 80 cents.

Radio Corporation of Ameri-



in arthritis, BUFFERIN® because . . .

. . . in the majority of your arthritic cases BUFFERIN alone can safely and effectively provide adequate therapeutic control without resorting to the more dangerous cortisone-like drugs.

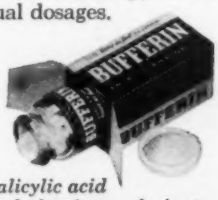
. . . BUFFERIN is better tolerated by the stomach than aspirin, especially among arthritics where a high dosage, long term salicylate regimen is indicated.

. . . BUFFERIN provides more rapid and more uniform absorption of salicylate than enteric-coated aspirin.

. . . even in the relatively few cases where steroids are necessary, use of BUFFERIN will allow proper flexibility for individual dosages.

. . . BUFFERIN is more economical for the arthritic who requires a long period of medication.

. . . BUFFERIN *contains no sodium*, thus massive doses can be safely given without fear of sodium accumulation or edema.



Each sodium-free BUFFERIN tablet contains acetylsalicylic acid 5 grains, and the antacids magnesium carbonate and aluminum glycinate.

Bristol-Myers Company, 19 West 50 Street, New York 20, New York

ca is the world's largest concern in all phases of the TV, radio, and phonograph fields. The company has cornered a sizable part of the $350,000,000 annual business being done in the field of hi-fi and stereophonic music.

In addition, R.C.A. is a giant in military and industrial electronics, in research as well as in sales and distribution. About three-quarters of its revenue comes from manufacturing and distribution; the rest comes chiefly from broadcasting. Earnings per share fell from $2.52 in 1957 to $1.98 last year, but first-half 1959 profits were up about 44 per cent over a year ago. The stock now sells at around 68. Annual dividend: $1.50.

Shakespeare Company is a leading producer of fishing tackle and accessories. It's in a tremendous market: Roughly 20,000,000 U.S. fishermen spend an annual $2 billion on their sport, and the figures keep rising. What's more, Shakespeare is well diversified. It also manufactures wire instrument-board controls for airplanes, automobiles, motorboats, and tractors; and it will soon be turning out tractor brake-cables.

The company's earnings per share hit a record $2.72 in 1958. They're expected to reach a new

The case of the curious barber

One of my duties as a resident ophthalmologist was to clip the eyelashes of patients who were to have cataract extractions the next day. Usually, while doing so, I asked the patient routine questions about his medical history.

On one such occasion, I neglected to introduce myself to the patient, a dignified matron. I completed the trimming and my questions, thanked her for her cooperation, and left. As I walked down the hall, I heard her say to her roommate: "Well! He was the *nosiest* barber I've ever seen!"

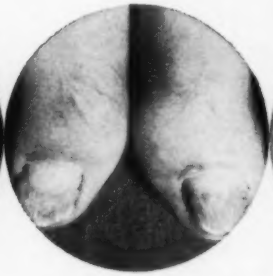
—HERVE M. BYRON, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N. J.*

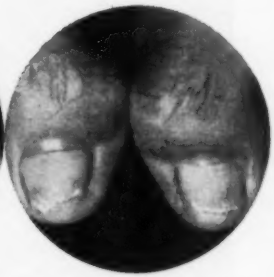
ROACH

...ATIC IMPROVEMENT IN TRADITIONALLY REFRACTORY RINGWORM INFECTIONS

...infection of 7 years' duration.

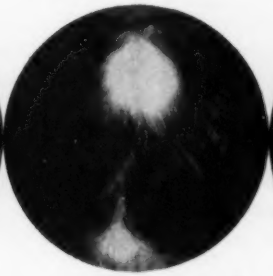


After 4 months of treatment with GRIFULVIN.

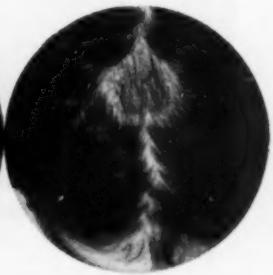


Same patient after 6 months of treatment with GRIFULVIN.

...infection of 6 months' duration.

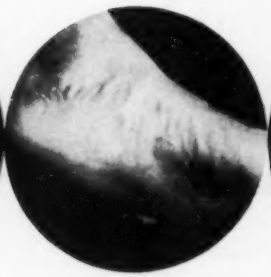


Before treatment.

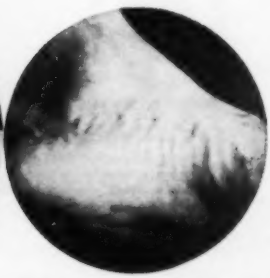


Three months after therapy with GRIFULVIN.

...infection of 20 years' duration.



Before treatment.



After 1 month of treatment with GRIFULVIN.

The patients shown above received GRIFULVIN brand of griseofulvin. Photographs by courtesy of Harvey Blank, M.D.; Miami, Fla.

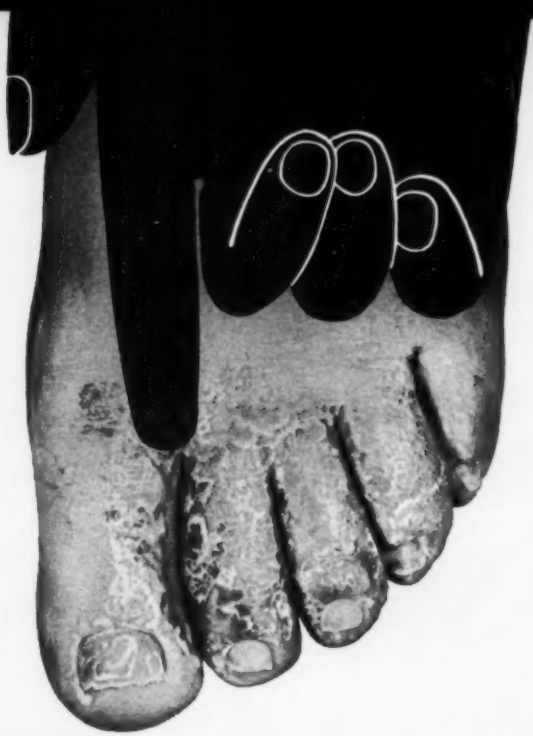
high this year. The stock sells at around 32. Annual dividend: $1.50.

Wilson & Co. is the nation's third largest meat packer. What's it doing in this list of recreation companies? Answer: Through a subsidiary, the Wilson Athletic Goods Manufacturing Company, it's also the world's largest maker and distributor of athletic equipment: golf clubs, basketballs, footballs, tennis rackets, baseball gloves, etc.

More Food Than Fun

Meats, meat products, meat by-products, and dairy products are the big things at Wilson & Co., of course. They account for 75 per cent of sales. And all the big meat packers have been doing very well for the past couple of years. But Wilson's athletic equipment brings in from 15 to 20 per cent of the company's income; and the company will doubtless reap a good share of the profits to be made in that field.

Wilson & Co. had record earnings of $3.10 per share in fiscal 1958. This figure will very likely be topped in 1959, with first-half earnings up about 5 per cent. The stock has sold recently at around 44. Annual dividend: $1.40. END



ON THE SPOT TREATMENT

A TOPICAL FUNGICIDE FOR TOPICAL FUNGOUS INFECTIONS

Desenex attacks fungous infections caused by dermatophytes which affect the horny, keratinized layers of the skin.

Athlete's foot is a fungous infection of the skin involving the superficial layers that are not reached by the blood supply. A fungicidal agent, applied directly to these superficial fungous infections, brings the antifungal agent into intimate contact with the invading organism for the most effective method of treatment.

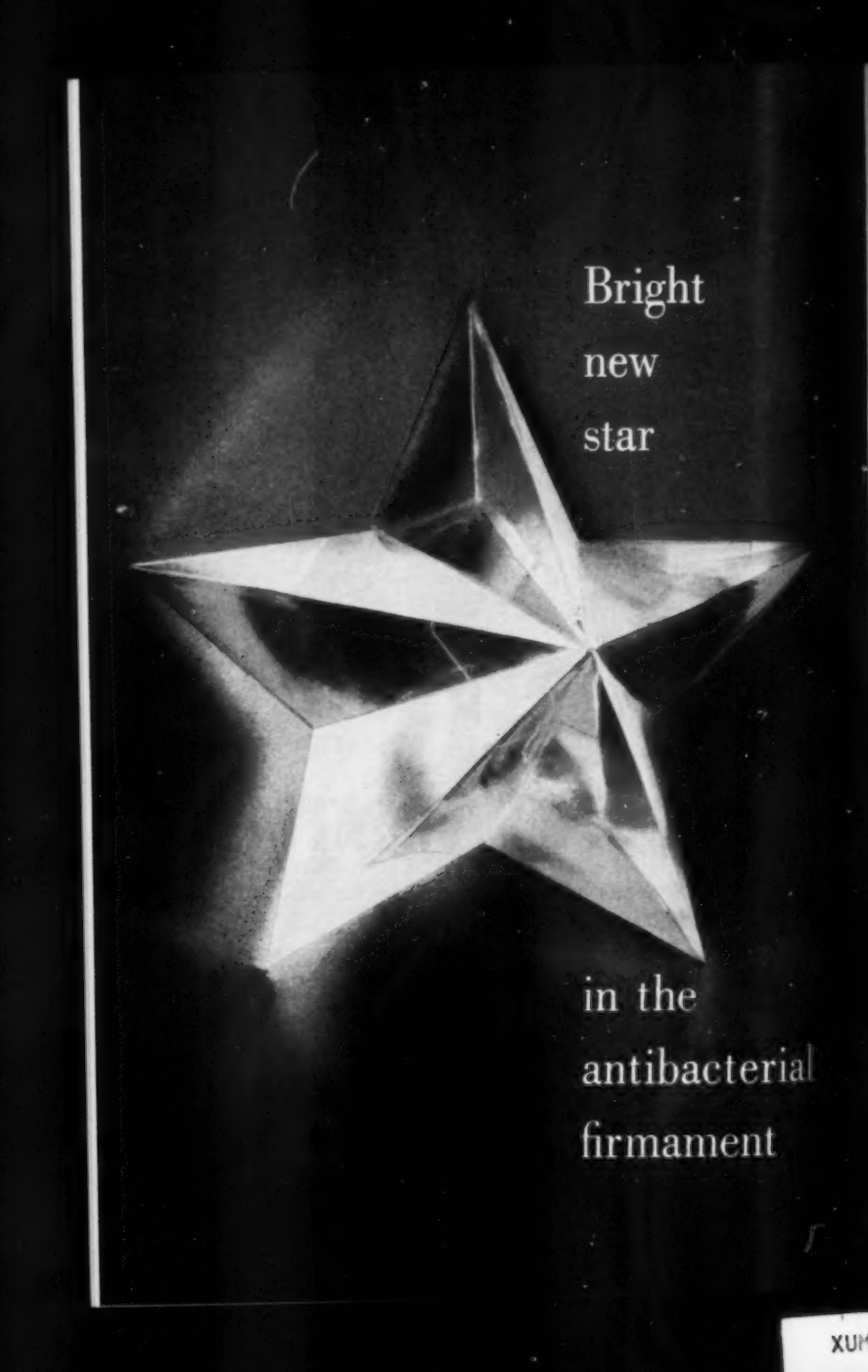
Desenex, a combination of zinc undecylenate and undecylenic acid – an unsaturated fatty acid with an 11-carbon chain – has resulted in more "clinical" cures . . . proved to be the least irritating, and the safest of all potent fungicidal agents.

ointment & solution & powder **DESENEX®** Maltbie

Maltbie Laboratories Division / Wallace & Tiernan Incorporated, Belleville 9, N. J.

PHOTOGRAPH, COURTESY DEPARTMENT OF DERMATOLOGY, UNIVERSITY OF PENNSYLVANIA

FD-56


Bright
new
star
in the
antibacterial
firmament

OFFICE MANAGEMENT MEMO

From Donald Land

A partner in the professional management firm of PM–Detroit.

Billing After a Death

In spite of all your efforts, the elderly patient you've been caring for has died after weeks of illness. Your substantial bill, unfortunately, remains very much alive. The patient was a widower. The relatives are from distant parts. None of those whom you've met these last few days has said: "Send the bill to me, Doctor."

What do you do? Here's what we recommend:

1. After a decent interval, prepare a complete statement made out to "Estate of John Q. Patient, deceased," and send it to the decedent's last home address. It will be turned over to the executor of his will, if he left one.

2. If you don't get an acknowledgment within thirty days, write promptly to the Probate Court for the county in which the decedent lived, as follows: "John Q. Patient, deceased, was indebted to me for services rendered up to the time of his death, and I have a claim against his estate. Please inform me whether an administrator has been appointed and, if so, his name and address."

3. If it turns out there is an administrator, find out from him how to furnish a formal "Proof of Claim." Call your own attorney if you encounter difficulties. END

a new
synthetic derivative
of tetracycline with
new attributes of
significant value in therapy

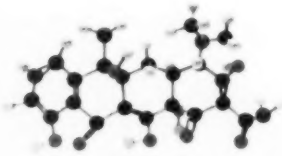
SYNTETRIN

SYNTETRIN is N—(pyrrolidinomethyl) tetracycline, a new derivative of tetracycline developed by Bristol Laboratories. It is highly soluble over the entire physiological pH range (2,500 times more soluble than tetracycline – See Figure 1).

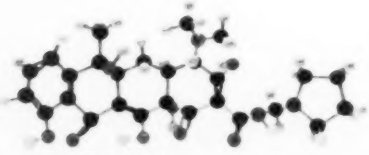
SYNTETRIN is a *different* molecule, as can be seen by examining the chemical structure and the molecular weights of both tetracycline and **SYNTETRIN**.

A pyrrolidinomethyl group replaces one of the hydrogen atoms in the NH_2 group as shown at the extreme right of the molecule.

The important point is that there is a change in the *basic molecular structure* of tetracycline. The new properties of **SYNTETRIN** do not derive from salt or complex formation, or from adjuvant action.



TETRACYCLINE



SYNTETRIN

SYNTETRIN *is at present available only in intramuscular and intravenous formulations*

greater 24-hour therapeutic activity with Syntetrin I. M.

Total antibiotic activity with SYNTETRIN I.M. is more than twice that with tetracycline phosphate complex I.M. over a 24-hour period. This is evident from a crossover study of blood levels of 15 subjects by Kligman.[1] His plotted data, shown in Figure 2, indicate that the area under the curve of SYNTETRIN blood levels is more than twice that of tetracycline phosphate complex. With the area under the curve of tetracycline phosphate complex considered as 100, the area under SYNTETRIN was measured with the planimeter as 204. The probability of this difference occurring by chance is less than 1 in 1,000. It is important to note that both products contained the labeled quantity of active ingredient equivalent to 250 mg. of tetracycline HCl activity, and each product contained a 10 per cent overfill. This enhancement of total antibiotic activity seems to be related to the unique solubility of SYNTETRIN and its more efficient absorption from intramuscular sites.

FIGURE 1
Solubility in water

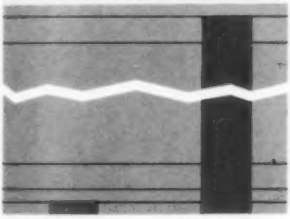
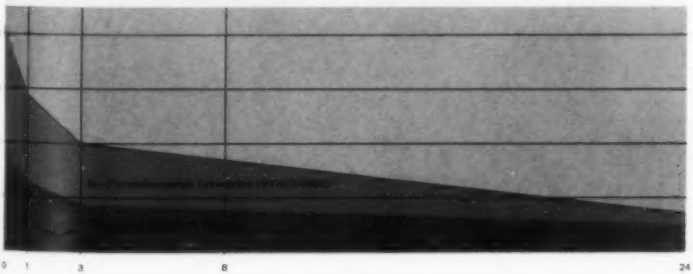


FIGURE 2
Crossover Study of Tetracycline Serum Concentration in the Same 15 Human Subjects Following Intramuscular Injection of 350 mg. SYNTETRIN or 320 mg. Tetracycline Phosphate Complex, Each Injection Equivalent to 250 mg. Tetracycline Hydrochloride Activity



The differences between SYNTETRIN and tetracycline levels at all hours shown above are statistically significant. (This difference would occur by chance in less than 1 in 1,000 times.)

with SYNTETRIN
effective antibacterial activity
even at its lowest blood

TABLE 1

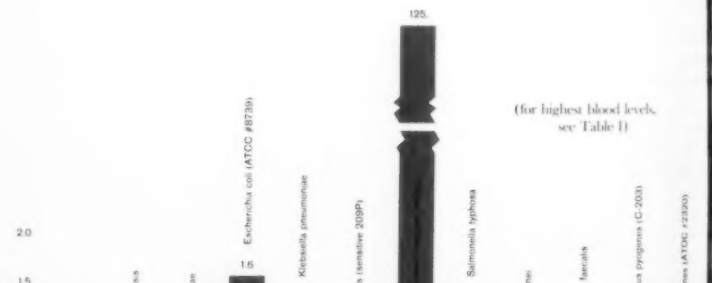
Serum Concentration Studies (mcg./ml. as Tetracycline HCl) of SYNTETRIN in Humans
Unit dose: 350 mg. q. 24 hours I. M.

INVESTIGATOR	NO. OF SUBJECTS	HOURS AFTER ADMINISTRATION							
		1	24	25	48	49	72	73	
Kligman[a]	8	1.5	0.5	3.5	0.8	4.0	0.9	3.2	1
Cohn[b]	9	3.2	0.6	4.2	0.6	4.6			
Cronin[c]	10	5.2	0.6	5.0	0.6	5.2	0.8	5.5	0

Note that the lowest blood levels reached before each daily injection, shown by the red figures, indicate either *maintenance* or *increase*. While of less importance than the above, it is significant that the successive blood level peaks generally rose, i. e., at 25, 49, and 73 hours.

FIGURE 3

Minimum In Vitro* Concentrations of SYNTETRIN Which Will Inhibit Growth of Some Pathogens Against Which Tetracyclines Are Ordinarily Used



*two-fold serial tube dilution technique in heart infusion broth; measured as tetracycline HCl

vity sustained—
ood levels—throughout therapy

Figure 3 clearly demonstrates that the minimum in vitro concentrations of SYNTETRIN which will inhibit the organisms are reached in most instances even with the *lowest blood level* attained throughout the period of therapy (note the range of lowest blood levels from Table I indicated by light blue horizontal band).

Also, Table I shows *enhancement* of these levels after repeated injections. Figure 3 indicates that this may be therapeutically significant for some patients, because minimum inhibitory concentrations for certain organisms will be reached with SYNTETRIN in continuing therapy.

The advantages of parenteral administration of Syntetrin in selected patients

There are three categories of patients which will benefit from the parenteral administration of SYNTETRIN:

1. *Patients who require frequent tube-feeding or special diets based on milk.* Various investigators have emphasized that food, milk, and calcium may interfere with the absorption of orally administered tetracyclines from the digestive tract.

Price *et al.*[4] made a detailed study in relation to the observed antagonistic effect of milk on oxytetracycline and chlortetracycline.

They clearly demonstrated that readily ionizable salts of calcium and magnesium have considerable inhibitory effect on the action of such antibiotics in vitro. Dearborn and associates,[5] in animal experiments, showed that food and dicalcium phosphate distinctly lowered antibiotic activity; and Sweeney and his colleagues[6] demonstrated that calcium compounds decreased the absorption of tetracycline in man.

2. *Patients with diseases causing absorption difficulties.* Finland[7] points out that, in addition to difficulties in absorption associated with G. I. pathology, serious systemic illness may interfere with antibiotic absorption. He states that "marked irregularities in absorption . . . can be expected in the routine use of multiple doses [by the oral route] in sick patients, when large and often excessive doses must be used to insure therapeutic success."

Such difficulties in achieving therapeutic levels, e.g., in pneumonia associated with cardiac insufficiency, may be avoided by the parenteral route.

3. *Patients unable to take anything by mouth.* Examples are patients after G. I. surgery, those requiring gastric intubation, etc.

Indications: SYNTETRIN is recommended for parenteral use for infections caused by tetracycline-sensitive organisms in the above types of patients. While a *single* intramuscular injection of SYNTETRIN is *less painful* than other tetracycline intramuscular preparations, repeated injections of SYNTETRIN may be painful, particularly to children. As soon as the patient's condition suggests that the oral route is dependable, SYNTETRIN I.M. therapy should be changed to TETREX Capsules or Syrup.

SYNTETRIN

N–(PYRROLIDINOMETHYL) TETRACYCLINE WITH XYLOCAINE®*
FOR INTRAMUSCULAR USE

I.M.

Supplied in dry-fill vials which must be properly reconstituted before injection. Each single dose vial contains:

SYNTETRIN	350 mg.
Lidocaine	40 mg.
Ascorbic Acid	300 mg.

SYNTETRIN I.M. is also supplied in single dose dry-fill vials containing 150 mg. of SYNTETRIN.

*Xylocaine is the registered trademark of Astra Pharmaceutical Products, Inc. for lidocaine.

also available:

SYNTETRIN

N–(PYRROLIDINOMETHYL) TETRACYCLINE FOR INTRAVENOUS USE

I.V.

For use only in severe infections when the patient cannot accept oral or intramuscular tetracycline therapy. Each dry-fill vial contains:

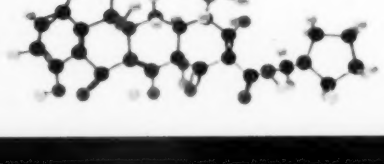
SYNTETRIN	700 mg.
Ascorbic Acid	500 mg.

Precautions: SYNTETRIN I.M. should be injected deeply into the upper outer quadrant of the gluteal muscle, using special care to avoid inadvertent injection of the solution into dermal or subcutaneous tissue, resulting in unnecessary pain and tissue reaction. Deep intramuscular injection and avoidance of subcutaneous or dermal spill greatly increase tolerance to the product. The usual precautions for avoidance of extra-venous spill should be observed with SYNTETRIN I.V.

References: 1. Kligman, A. M.: Clinical report to Bristol Laboratories Inc. 2. Cohn, I. Jr.: Clinical report to Bristol Laboratories Inc. 3. Cronk, G. A.: Clinical report to Bristol Laboratories Inc. 4. Price, K. E.; Zolli, Z., Jr.; Atkinson, J. C., and Luther, H. G.: Antibiotics & Chemother. 7:672, 1957. 5. Dearborn, E. H.; Litchfield, J. T., Jr.; Eisner, H. J.; Corbett, J. J., and Dunnett, C. W.: Antibiotic Med. & Clin. Ther. 4:627, 1957. 6. Sweeney, W. M.; Hardy, S. M.; Dornbush, A. C., and Ruegsegger, J. M.: Antibiotic Med. & Clin. Ther. 4:642, 1957. 7. Finland, M.: Antibiotic Med. & Clin. Ther. 5:359, 1958.

Detailed information on indications, dosage and precautions is contained in the package insert; or, write to Medical Director, Bristol Laboratories Inc., Syracuse, New York.

SYNTETRIN *is now available at your hospital.*



BRISTOL

A Big Fringe Benefit for Your Aide

Continued from 101

interest you lose on the money. It could amount to quite a sum.

"What's more, you can't take a tax deduction on the money you pay out for premiums. The Government considers your payments to be in the nature of an interest-free loan. You get no deduction when you pay the money; you don't have to pay a tax on it when it's returned to you. And, by the way, it isn't considered taxable income to your aide."

"How about that initial $202 premium that she's supposed to pay? I'm not positive she could swing it."

"That's a problem," I admitted. "But you can get around it, if you want. For one thing, there's no rule that you must stick to any strict division of payments. So instead of your paying nothing the first year, $150 the second, and $180 the third, you might want to average it out and pay $110 in each of the first three years. That would make the aide's share of the first-year cost more manageable—though it would naturally raise her costs for the next two years."

"Can I set up this kind of arrangement with anyone?" Dr. Bonham asked.

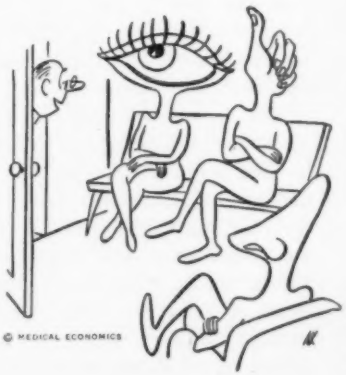
"Yes. I know one doctor who has done it with a junior partner. You could do it with a member of your family—your son or son-in-law, say—whom you wanted to help buy insurance."

The intercom buzzed, and I reached for my hat. "Thanks for the information," said the doctor as he walked to the door. "I'll certainly think about it."

"One thing more, Doctor."

"Yes?"

"How's my blood pressure today?" END



Radiologist on The Rocks

Continued from 104

After a few minutes it hardened and dropped to the bottom of the glass with a resounding clunk.

"Ah, but the stomach contains acid," said one of the more astute of the many medical kibitzers who had by this time gathered to observe the experiment. We sent to the pharmacy for dilute hydrochloric acid and poured in some plaster of paris. This time the suspension remained beautifully fluid, and I breathed more easily.

This unwarranted optimism lasted only until the following morning. Then the twenty-four-hour film of each of the four patients revealed that the plaster had set harder than Lot's wife, and much more insoluble.

The next forty-eight hours snailed by with no change in the position of the gastric casts or the condition of the patients. Each of the four seemed delighted with the friendliness and solicitude shown him, particularly by the chief of radiology. The commanding officer wanted me to supply him with the name of the corpsman responsible for the error, but I refused. I would at least retain some small measure of self-respect when they gave me my dishonorable discharge from the Army! Besides, I had no idea who the culprit was.

On the fourth day a crisis was reached. The chief of surgery decided that it would be wiser to operate before the men developed symptoms. "So they will be in better shape to survive gastrotomy," he said.

It was agreed by everyone, except me, that it was my duty to tell the patients what had happened and what had to be done. My almost tearful plea for more time and my feeble arguments that there was no palpable mass, that the men were eating well, and that there were no signs of obstruction were met, not surprisingly, with set jaws and stony silence.

He Got a Break

I decided to tell all four at one time, and called them to my office. As I looked into their friendly, trusting faces, I decided I must get another series of abdominal films first. I did, and lo, a fragment of plaster had broken loose from the gastrolith in one

day and night—ulcer control with **B.I.D.** *dosage*

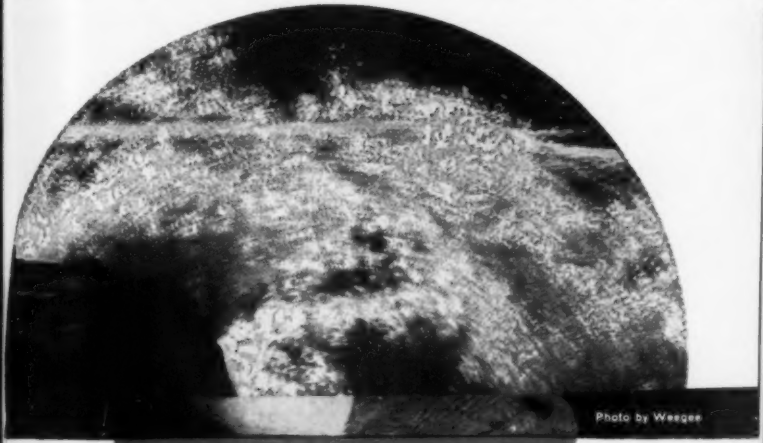


Photo by Weegee

TORTURE

The patient complains: "My friends joke about my diet, but they're not on it! I get so frustrated trying to stay away from food, why don't I give up and eat all I want because DIETING IS TORTURE!"

for the patient who can't stay on a diet prescribe the diet but add

Obocell®-TF

Obocell-TF (tension formula) contains an antidisturbant, methapyrilene, to help the obese patient endure a strict diet. Methapyrilene is not a barbiturate, does not produce barbiturate side effects. Obocell-TF combines this antidisturbant with *d*-amphetamine phosphate to curb the appetite and provide a "controlled lift," eliminating possible CNS overstimulation. At the same time Obocell-TF controls bulk hunger with Nicel. And Obocell-TF can be given in the evening to combat the night-eating syndrome without disturbing sleep.

Each Obocell-TF tablet contains:

Methapyrilene, an antidisturbant	25 mg.
d-amphetamine phosphate (dibasic)	5 mg.
Nicel, non-nutritive, hydrophilic agent	150 mg.

For Rx economy prescribe Obocell-TF in 100's.

Neisler

IRWIN, NEISLER & CO.

DECATUR, ILLINOIS

How to Get In On the Real Estate Boom

Continued from 81

rounding suburbs between now and 1975. But don't neglect the potentialities in certain neighborhoods of all the great metropolises.

We're Highway Happy

4. The highway boom. Not since the days of Caesar has a nation embarked on so ambitious a highway building program as ours. In the next fifteen years, some 41,000 miles of key highways will be completed. The roads will provide new links between communities, and they'll cut travel time to areas now considered too remote for residential or business use. Thus, the highways are sure to create many new real estate values.

In New York State, for example, the opening of the 427-mile Thruway has set off a land boom reminiscent of the boom started by the old Erie Canal. All along the new road, land values have skyrocketed. Tracts near Syracuse that used to bring $750 an acre now sell for $8,000. Near Buffalo, the price of an acre has leaped from $500 to $5,000.

Gains aren't always that spectacular. Still, consider the new Watterson Expressway in Louisville, Ky.: One real estate man has traced the rise in front-foot prices in the area from $30 to $300 in six years.

Near Pittsburgh, land along a service road leading to the Pennsylvania Turnpike used to sell for $100 an acre. Its present price: $500 a *front foot.*

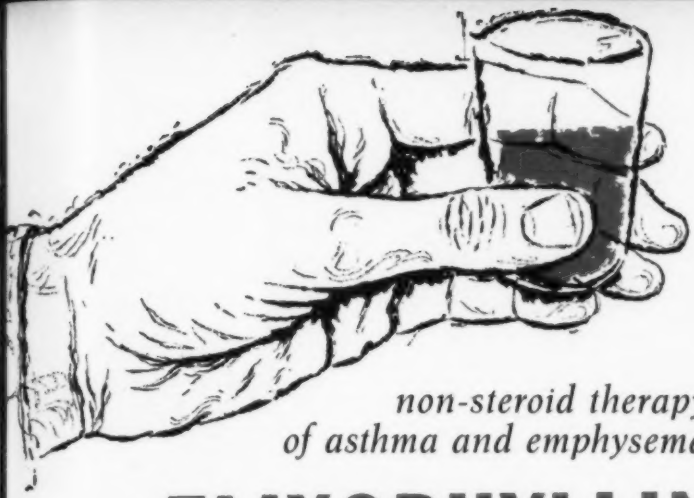
And in a two-year period, land along the central expressway in Dallas jumped more than 300 per cent.

Want to Gamble?

As soon as the path of a new highway becomes known, investors tend to bid up the price of near-by real estate. So if you want to get in on the highway boom, you'll have to buy early and gamble on which direction a new route will take.

Such a gamble paid off handsomely for one New England physician. Not too long ago, he bought a $50 acre outside of Boston. A new expressway was built —and his land brought him $5,000!

More



non-steroid therapy of asthma and emphysema

oral ELIXOPHYLLIN

Just as with I.V. aminophylline,* high theophylline blood levels *reached in minutes* – from a single dose.*

After absorption, theophylline is slowly eliminated. Therapeutic blood levels *endure for hours.**

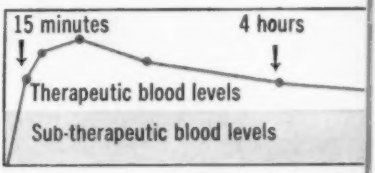
This predictability of blood levels permits quite constant *therapeutic blood levels night and day,* providing relief of wheezing, dyspnea, cough, and protection against acute attacks for most patients.*

DOSAGE: *First two days:*

45 cc. (*three tbsp.*) on arising;

45 cc. (*three tbsp.*) on retiring;

45 cc. (*three tbsp.*) once midway between above doses (*about 3 P. M.*)



After two days of therapy the size of doses should be slightly decreased.
Each tablespoonful contains: theophylline 80 mg., alcohol 3 cc.
Prescription only – bottles of 16 fl. oz.

Sherman Laboratories
Detroit 11, Michigan

**Reprints of these studies on request.*

with intermittent claudication
every block was a mile long

now... **arlidin**

makes the blocks so much shorter...
he can walk many more of them in comfort

Arlidin is available in 6 mg. scored tablets, and 5 mg. per cc. parenteral solution. See PDR for dosage and packaging.

Protected by U. S. Patent Numbers: 2,661,372 and 2,661,373

arlidin.®

brand of nylidrin hydrochloride N.N.D.

safely increases local blood supply and oxygen where needed most... in distressed "walking" muscles for sustained, gratifying relief of pain and spasm in

intermittent claudication of	night leg cramps
arteriosclerosis obliterans	ischemic ulcers
thromboangiitis obliterans	Raynaud's syndrome
diabetic atheromatosis	cold feet, legs and hands

u. s. vitamin & pharmaceutical corporation

Arlington-Funk Laboratories, division
250 East 43rd Street, New York 17, N. Y.

Paradoxically, even real estate in communities that the new superhighways bypass often gains in value. Reason: The whole area may well enjoy an increased prosperity.

Don't Rush Into It

So go ahead, Doctor. Use your imagination, and go ahead. But be sure you make haste slowly. If you want to invest wisely (as, of course, you do), you'll have to give time and study to selecting and managing your property.

If you're planning to buy in your own home town, check the real estate pages of your newspaper. Talk to local real estate brokers, bankers, and property owners. You'll hear soon enough about any plans for new highway construction, urban renewal, and new suburban developments.

See What You're Buying

If you're thinking of buying out of town, better hook up with a real estate broker or consultant who's familiar with the situation in that area. He can fill you in on local population shifts and building trends. In addition, it's always wise to make a trip and check the area yourself.

One Eastern M.D. bought a small apartment house in a strange city a few years ago. It looked like a great deal to him—until he took the property over. Then he found out that the city was running in the red, and a stiff hike in property taxes was in the cards. The rate increase removed most of the profit possibilities from his investment.

How to Begin

After you've decided on the broad area you want to invest in, you're ready to do some detailed digging. First thing is to bone up on what kinds of real estate are on the market there, and what prices they're fetching. That'll help you judge the comparative value of any property that interests you.

Once you see something that looks interesting, you'll want to dig further. You'll check into things like its assessed valuation, the tax rates, the financing available, the condition of the property, the kind of tenants, and the length of their leases.

What kind of property is best for you? Cheap acreage may give you the greatest percentage gain, but it's the riskiest and may take the longest to pay off. Property that produces income or that can

when pollen allergens attack the nose...

Triaminic provides more effective therapy in respiratory allergies because it combines two antihistamines[1,2] with a decongestant.

These antihistamines block the effect of histamine on the nasal and paranasal capillaries, preventing dilation and exudation.[3] *This is not enough;* by the time the physician is called on to provide relief, histamine damage is usually present and should be counteracted.

The decongestive action of orally active phenylpropanolamine helps contract the engorged capillaries, reducing congestion and bringing prompt relief from nasal stuffiness, rhinorrhea, sneezing and sinusitis.[4,5]

TRIAMINIC is orally administered, systemically distributed and reaches *all* respiratory membranes, avoiding nose drop addiction and rebound congestion.[6,7] TRIAMINIC can be prescribed for prompt relief in summer allergies, including hay fever.

References: 1. Sheldon, J. M.: Postgrad. Med. 14:465 (Dec.) 1953. 2. Hubbard, T. F. and Berger, A. J.: Annals Allergy p. 350 (May-June) 1950. 3. Kline, B. S.: J. Allergy 19:19 (Jan.) 1948. 4. Goodman, L. S. and Gilman, A.: Pharmacol. Basis Ther., Macmillan, New York, 1956, p. 532. 5. Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 6. Lhotka, F. M.: Illinois M.J. 112:259 (Dec.) 1957. 7. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.

Triaminic®

TRIAMINIC provides around-the-clock freedom from hay fever and other allergic respiratory symptoms with just one tablet q. 6-8 h. because of the special timed-release design.

Each TRIAMINIC timed-release tablet provides:

Phenylpropanolamine HCl	50 mg.
Pheniramine maleate	25 mg.
Pyrilamine maleate	25 mg.

Also available: TRIAMINIC SYRUP for those patients of all ages who prefer a liquid medication. Each 5 ml. teaspoonful is equivalent to ¼ Triaminic Tablet or ½ Triaminic Juvelet. TRIAMINIC JUVELETS provide half the dosage of the Triaminic Tablet with the same timed-release action for prompt and prolonged relief.

running noses  *and open stuffed noses orally*

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada

IN NAUSEA/VOMITING/VERTIGO

quickly be turned into an income-producer is apt to be a lot safer.

Sources of Capital

Where to get the money to invest with? From your own savings at first. But the nice thing about investing in real estate is that so much of it can be done with other people's cash. Mortgage lenders will put up most of the money. Often you can get control of property with very little cash outlay, using an option or a lease.

Where to get help? If you haven't had any real estate experience, some kind of professional guidance is practically a must. An experienced broker can be a tremendous help. So can an independent real estate consultant. You'll pay a fee for a consultant's advice, but it's usually worth it.

Two Heads May Be Better

If this is your first real estate venture, it may be wise for you to join forces with a partner, an experienced real estate man. Or you might want to join a real estate syndicate managed by professional realtors.

And remember, things can still go wrong. For instance, the general public may never agree with you that your little piece of swampland would make a fine spa. The new highway may not swing off in the direction you thought it would. The city may expand north instead of south.

Other Risks

You must be prepared to run such risks in speculative real estate ventures. In fact, even the more conservative real estate investments, like apartment houses and commercial buildings, have their disadvantages and dangers. The best of neighborhoods can decline, for instance. And one big trouble with any piece of real property is that it may not be easy to turn into quick cash. If you must sell in a hurry, you may have to cut your offering price sharply.

Even so, I believe that the great majority of *careful* real estate investments will pay big dividends in the years ahead. In 1969, you'll almost certainly be hearing about some other doctor who bought an acre of land for $100 way back in 1959, and who can now get $10,000 for it.

Maybe they'll be telling such stories about *you*. END

FOUND:
a dependable
solution to "the
commonest
gynecologic
office problem"

"VULVOVAGINITIS, CAUSED BY TRICHOMONAS VAGINALIS, CANDIDA ALBICANS, Haemophilus vaginalis, or other bacteria, is still the commonest gynecologic office problem . . . cases of chronic or mixed infection are often extremely difficult to cure." Among 75 patients with vulvovaginitis caused by one or more of these pathogens, TRICOFURON IMPROVED cleared symptoms in 70; virtually all were severe, chronic infections which had persisted despite previous therapy with other agents. "Permanent cure by both laboratory and clinical criteria was achieved in 56. . . ."

Issey, J. E.: Am. J. Obst. 77:155, 1959

TRICOFURON® Improved

■ Swiftly relieves itching, burning, malodor and leukorrhea ■ Destroys Trichomonas vaginalis, Candida (Monilia) albicans, Haemophilus vaginalis ■ Achieves clinical and cultural cures where others fail ■ Nonirritating, esthetically pleasing

2 STEPS TO LASTING RELIEF

1. POWDER for weekly insufflation in your office. MICOFUR®, brand of nifuroxime, 0.5% and FUROXONE®, brand of furazolidone, 0.1% in a water-dispersible base.

2. SUPPOSITORIES for continued home use each morning and night the first week and each night thereafter—especially during the important menstrual days. MICOFUR 0.375% and FUROXONE 0.25% in a water-miscible base.

Rx new box of 24 suppositories with applicator for more practical and economical therapy

NITROFURANS—a *unique* class of antimicrobials

EATON LABORATORIES, NORWICH, NEW YORK

Is Your Practice Growing Fast Enough?

Continued from 76

read while you waited, you could take your pick of a few old Reader's Digests—or of a number of religious periodicals. Dr. Grey even kept a small crucifix on his desk.

The doctor himself saw no connection between his office décor and his comparatively poor practice. But I did. Pointing out that many patients didn't share his interest in the church, and that many might even find it irritating, I persuaded him to redecorate.

Then, to his astonishment, people who had never seemed to notice the religious articles began to compliment him on his new look. Some of the biggest compliments came from members of his own church. "It was getting to be a joke that you didn't inject medicine any more, just holy water," one patient told him.

It's still too soon to quote figures. But Dr. Grey's practice has picked up appreciably since the redecoration. I've known other cases where curbing too violent and too public an interest in national politics—or even in Little League baseball—has had the same desirable effect.

5. Is Your Office Convenient?

Economy is a fine thing, but it can be overdone. I remember one doctor who couldn't resist "bargains" in second-hand and extremely dingy equipment. His patients didn't like it. Then there was the rural OB man whose habit of telephoning his patients collect made him almost a laughing-stock.

But the commonest form of false economy is scrimping on office rent. An inexpensive office in the wrong locale can really raise hob with your practice, as a certain orthopedist learned a few years ago.

When Dr. Hill, as I'll call him, had a chance to rent a large, comfortable office for only $110 a month, he grabbed it. But the office was on the west side of the city. And the city's two hospitals were on the east side, more than five miles away.

This one factor lost Dr. Hill a dozen referrals a month. Patients resisted the long drive. When he finally made up his mind to pay

APRIL · 1959

PDR

QUARTERLY SUPPLEMENT

2nd

(DISCARD NO. 1)

PHYSICIANS' DESK REFERENCE

to

PHARMACEUTICAL SPECIALTIES

and BIOLOGICALS

DISCARD!

WHEN TURN THE PAGE . . .

KEEP WITH YOUR 1959 PDR

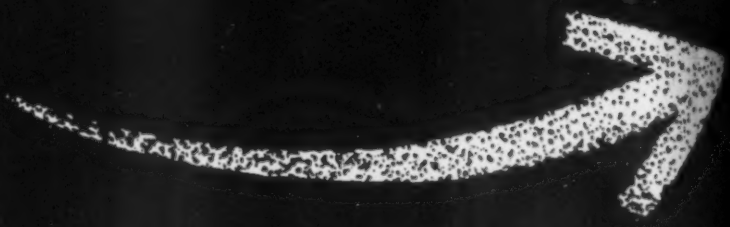
NUMBER THREE COMING UP, DOCTOR!

Your April issue (No. 2) of the PDR Quarterly Supplement is now out of date. Several new drug products have come on the market since it was published.

The July issue (No. 3)—which you'll receive soon—describes these new drugs in detail. *And it repeats new product descriptions that have appeared in both the April and January issues.*

Discard your April issue—and the January issue, if you still have it—when you receive your new PDR Quarterly Supplement. Then you'll need to refer to only one source for information about drugs that have come on the market since your PDR annual volume was published.

Look for the July issue of the PDR Quarterly Supplement in the mail. Keep it with your PDR annual volume for quick reference.



JULY · 1959

PDR

QUARTERLY SUPPLEMENT

3rd

DISCARD NO. 2

PHYSICIANS' DESK REFERENCE

to

PHARMACEUTICAL SPECIALTIES and BIOLOGICALS

KEEP WITH YOUR 1959 PDR

a bigger rent and moved to a $275 office in a new building near the hospitals, his practice began to soar. The year before he'd moved, his net was $14,000. The year after, it was $19,000. Last year, it was well over $25,000.

6. Patients Need Sympathy

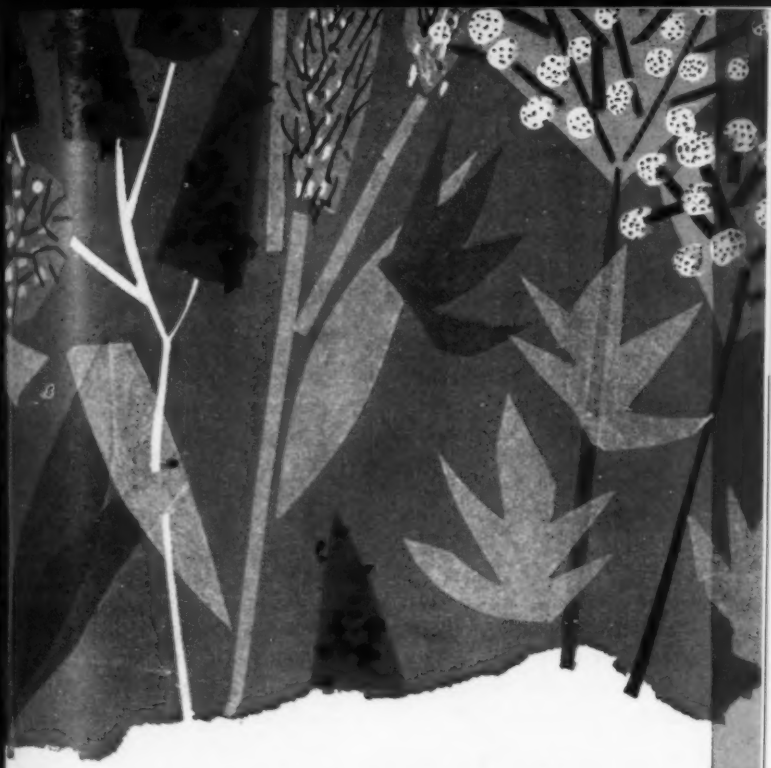
The one factor that held back a certain North Carolina pediatrician wasn't false economy or wrong hours. It was a too casual attitude toward patient-worries. Failure to acknowledge a patient's distress can spoil a practice faster than almost anything else.

I was in the pediatrician's office a couple of years ago, trying to help him figure out why his net income had dropped from $16,000 to $12,000. When the phone rang, he picked it up.

"Oh, yes, Mrs. Bradshaw," he said. "When was it I saw Peter last? What did I give him, can you remember? I'm quite sure I gave him either some red pills or some yellow ones. Can't you remember which? Well, I think it must have been the yellow. I'm going to call the drugstore; you go down and pick them up. If he's not better tomorrow, bring him in."

He then hung up and resumed our discussion of what was wrong with his practice. *More*

"I'm happy the Chinese cookie you ate last night corroborated my diagnosis."



August isn't the only hay fever month*
... and there is no seasonal limit
on the antiallergic action of
Chlor-Trimeton® Repetabs® 8 or 12 mg.

most, best tolerated, for both seasonal and nonseasonal allergies
the most prescribed antihistamine in the United States

Bottles of 100 and 1000.
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**in every month of the year there are*
allergenic pollens thriving in some part of the United States

SYMBOL OF THE ONE-DOSE CONVENIENCE YOU WANT FOR YOUR PATIENT

PROMPT REPETAB RELIEF • LASTS ALL DAY OR NIGHT •

Schering

What was wrong with it, of course, was his unwillingness to be bothered. He didn't want to be bothered looking up an old prescription. He didn't want to be bothered making a house call. He almost resented a patient's coming in to the office.

Such attitudes can't be changed overnight. But they *can* be changed. The pediatrician now checks his records instead of relying on memory. He has modified his "Is this visit necessary?" tone toward patients.

It's true that he still does everything in his power to avoid house calls. He probably always will. Even so, one change in attitude has caused his practice to end a two-year decline and to begin to climb upward.

7. Do You Treat 'Em Enough?

Another thing that can keep a practice limping is the failure to offer enough treatment. No-treatment can take many forms. In one internist I've worked with, it took the form of an extreme dislike of "gimmicks."

By "gimmicks," Dr. Stillwell meant not only ultrasonic wave and diathermy machines, but also most vitamin pills, injections, tranquilizers, and palliatives in general. Because he's a competent diagnostician, he used to get plenty of new patients. But about half of them didn't stay.

Typically, once he had diagnosed the arthritis, he was likely to say, "I'm afraid there's really not much we can do for it." The discouraged patient would go off in search of a doctor who'd at least *try* to help him.

What brought the doctor's practice back to life wasn't a wholesale adoption of "gimmicks." That he never would have consented to. But he did consent to a change of approach.

He now realizes that even if their conditions aren't curable, patients are entitled to relief from pain and worry—and perhaps to a little hope as well. His current determination to give at least some form of treatment has increased his ratio of return patients from under 50 per cent to over 70 per cent.

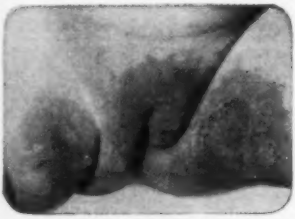
You don't have to become a "shot" doctor in order to accomplish the same result.

8. They Want Answers

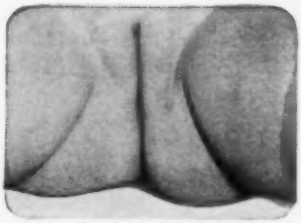
Finally, let's consider what may be the commonest trouble spot of all: the failure to explain. One of the ablest surgeons I've

WHITE'S VITAMIN A & D OINTMENT

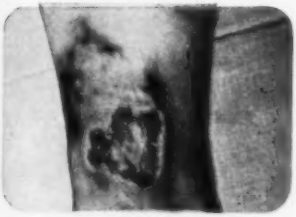
• HEALS • SOOTHES • PROTECTS



Typical diaper rash

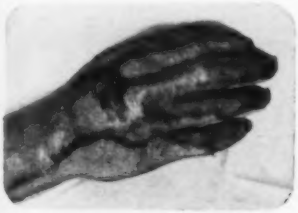


White's Vitamin A & D Ointment applied at every diaper change for one week.



Treatment-resistant varicose ulcer

White's Vitamin A & D Ointment applied daily for five weeks.



Gasoline burns—second and third degree

White's Vitamin A & D Ointment—impregnated pressure gauze dressings—changed at weekly intervals.

White's Vitamin A & D Ointment
in 1½ and 4 oz. tubes; 1 lb. jars and 5 lb. containers

WHITE LABORATORIES, INC.
KENILWORTH, NEW JERSEY

ever known makes a striking example of this.

As the product of an old and famous university hospital, Dr. Sparkman was trained to believe that silence is the mark of greatness. His two partners, who were secretly a little in awe of him, used to marvel at his technique of examining a patient without ever saying a word. At the end he'd just mutter, "Well, we'll admit you to the hospital tomorrow. I'll do a gallbladder." Then he'd swing out of the room.

Why didn't the patients ask him questions? Nine out of ten were afraid to. Instead, they'd look for chances to talk to his partners. Some of them began coming to the office only when they knew the partners would be in and Dr. Sparkman would be out.

Eventually, so many patients did so that Dr. Sparkman considered resigning from the partnership, even though he was its most distinguished member. At this point he came to me for help.

When I finally caught on to what was wrong, I gave him this advice: "Just try telling people what you're doing while you do it. In six months you'll be turning patients away."

The surgeon did, and he is. It amazes him. "My new motto is 'An Explanation With Every Examination,'" he says. That one change in his examining technique has meant the difference between near-failure and a thriving practice. END

Ray of sunshine

It had been a hectic day. I'd seen one chronically ill, unhappy patient after another. By midafternoon, I was tired and depressed.

The phone rang. My receptionist answered it, spoke briefly to the caller, and hung up. Then she turned to me. With a straight face, she said: "Mrs. Stevens won't be in today. She has a headache." —STANFORD B. COOKE, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*

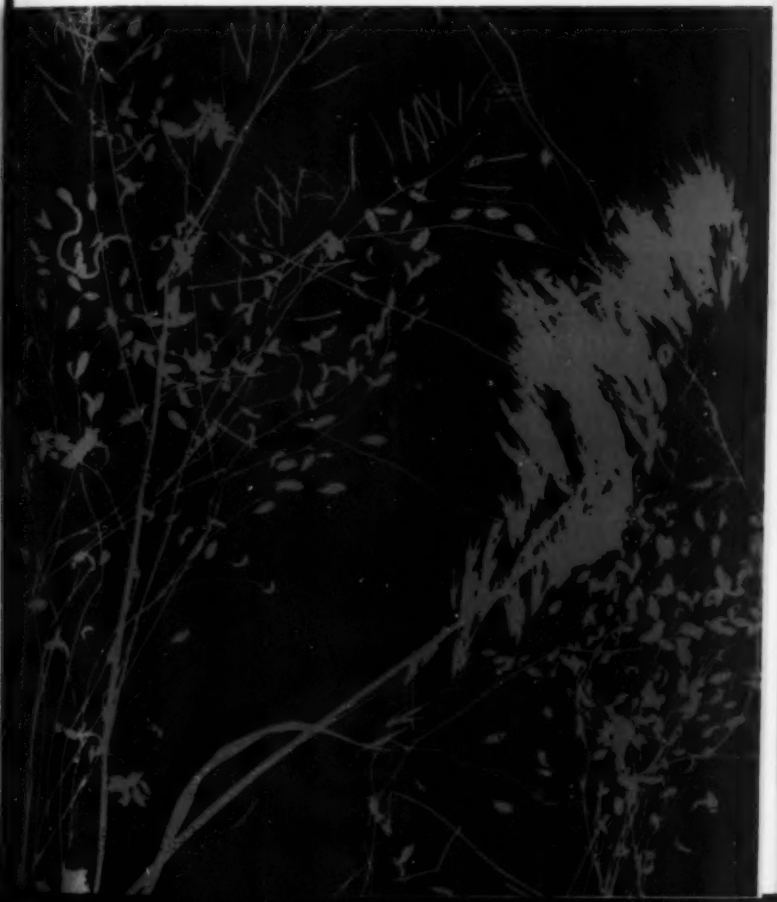
antiasthmatic / antihistaminic

TEDRAL® anti-H—dual season-protection for your pollen-sensitive asthma patients. Tedral anti-H—dependable Tedral antiasthmatic plus antihistaminic chlorpheniramine—assures simultaneous prevention of itching, sneezing and lacrimation of pollinosis *and* of the bronchospasm and mucous congestion of asthma. Adult Dose: 1 or 2 tablets q.4.h. plus an additional tablet at the *first* sign of an attack.

WARNER CHILCOTT
MORRIS PLAINS, N.J.

Formula: theophylline, 130 mg. (2 gr.); ephedrine, 24 mg., (3/8 gr.); phenobarbital, 8 mg. (1/8 gr.); chlorpheniramine, 2 mg., (1/32 gr.).

dual protection for pollen-sensitive asthmatics



The New Compact Cars: Will They Be What You Want?

Continued from 89

cars, particularly English and German, offer much more for the money than U.S. cars in design, craftsmanship, and driving pleasure."

He Prefers Foreign Cars

A Lawrence, Mass., man views the promise of the Big Three's new cars with a truly jaundiced eye. "I've driven a Volkswagen for six years," he says. "I wouldn't even consider changing to the inferior product that's sure to come out of Detroit."*

How will *you* react to the Detroit product when it hits the market? For a tentative preview, see pages 86-89, where the best available information on the shape of compact cars to come is set forth in question-and-answer form. Meanwhile, the doctors' reactions reported here may give you some new thoughts about a car for your practice. END

*So enthusiastic are the owners of foreign cars that MEDICAL ECONOMICS has been impelled to search out their reasons in more detail. The findings of a survey of M.D.-owners of non-American cars will be reported in an early issue.

because Neo-Polycin Ointment

helps clear topical infections promptly

Neo-Polycin® provides neomycin, bacitracin and polymyxin, the three antibiotics preferred for topical use because this combination is effective against the *entire* range of bacteria causing most topical infections...has a low index of sensitivity...and averts the risk of sensitization to lifesaving antibiotics, since these agents are rarely used systemically. And Neo-Polycin provides these three antibiotics in the unique Fuzene® base, which releases higher antibiotic concentrations than is possible with grease-base ointments.

Each gram of Neo-Polycin contains 3 mg. of neomycin, 400 units of bacitracin and 5000 units of polymyxin B sulfate in the unique Fuzene base. Supplied in 15 Gm. tubes

PITMAN-MOORE COMPANY, DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

Index of Advertisers

INDEX OF ADVERTISERS

The leading site of cancer today is the colon and rectum. In 1958, 58,000 new cases were diagnosed.

The present 5-year survival rate for these cancers is less than 30%. This figure could be greatly increased by closing the very wide gap between *actual* and *possible* survival rates.

Earlier diagnosis is an immediate requirement. The American Cancer Society constantly stresses the importance of annual health checkups for all adults, and urges physicans to employ digital and proctoscopic examination of the rectum and colon to find cancer in an early stage.

With your assistance, doctor, in persuading patients to accept these uncomfortable, time-consuming procedures, the gap between actual and possible survival rates could be rapidly closed.

AMERICAN CANCER SOCIETY

Memo

From the Publisher

Reception-Room Reading

The other day a New York internist showed me a leather-bound edition of MEDICAL ECONOMICS that he'd put together himself. It was a scrapbook for his reception room.

"After all," he told me, "patients too have a sense of humor. Hence all these MEDICAL ECONOMICS cartoons. Patients too are concerned about medical costs. Here you see selected articles like 'What Americans Spend' and 'What Doctors Do for Free.' Patients too pay taxes—note 'Now It's Easier to Take Medical Tax Deductions.' And aren't all Americans interested in home and family? Here's 'How to Get the Best Deal on Your Mortgage' and 'How'll You Pay Your Children's College Bills?' I've lettered MEDICAL ECONOMICS on the cover, even though FAMILY ECONOMICS would be a better name."

This man has a worthwhile idea. As all doctors know, MEDICAL ECONOMICS itself isn't meant for reception-room reading. Its main aim is to help doctors with their business problems, and these seldom make appropriate reading for sick people waiting to see you.

Still, in the process of helping doctors, MEDICAL ECONOMICS often prints articles of timely interest to almost any adult. Take this issue's cover story on "Those New Compact Cars." The subject has broad current appeal. In fact, it's almost un-American right now to be uninterested in cars.

So some doctors' aides may make the mistake of putting the magazine out for waiting patients to read after the doctor has finished with it. Thus patients may be exposed to articles of *un*timely interest on collection techniques, malpractice suits, etc.

Could this happen in your office? You'd better check. And perhaps you'd better consider three other ways to convey appropriate MEDICAL ECONOMICS material to patients:

¶ An office bulletin board. Here cartoons and short items are sure to catch the eye. They can be replaced every two weeks.

¶ A reception-room scrapbook. The best place for longer articles of lasting interest (see above).

¶ A reprint rack. The best place of all for favored material. Reprints of most MEDICAL ECONOMICS articles are available to doctors on order. Smallest practicable order: 200 reprints.

—LANSING CHAPMAN